

RAO Bulletin Update
1 March 2007

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NOTE: I am transiting from the Philippines to San Diego 1 MAR so it may take a few days to respond to your inquiries.

AAFES GAS PRICING OVERSEAS: Army and Air Force Exchange Service officials began a new gas-pricing plan 1 FEB that should make buying gas overseas easier on a person's budget as prices are now updated on a weekly basis instead of monthly changes. The decision is based on customer feedback for more immediacy in the price changes. AAFES used to look at the way oil prices fluctuated during the previous month and deliver an average price. This kind of pricing means that at the end of the month there would be a drastic change that people weren't prepared for. Now the weekly changes make the differences in prices a little less. Prices are based on the current week's U.S. Department of Energy average price. [Source: Military.com 26 Feb 07 ++]

PEANUT BUTTER ADVISORY: Public health officials in multiple states, with the assistance of the Centers for Disease Control and Prevention (CDC) and the U.S Food and Drug Administration (FDA), are investigating a large multistate outbreak of Salmonella serotype Tennessee infections. An epidemiologic study comparing foods that ill and well persons said they ate showed that consumption of Peter Pan peanut butter and Great Value peanut butter were both statistically associated with illness and therefore the likely source of the outbreak. Product testing has confirmed the presence of the outbreak strain of Salmonella Tennessee in opened jars of peanut butter, obtained from ill persons. FDA has advised consumers not to eat any Peter Pan peanut butter purchased since May 2006 and not to eat Great Value peanut butter with a product code beginning with 2111 purchased since May 2006. Peter Pan peanut butter is made in a single facility in Georgia. Great Value peanut butter with a product code beginning with 2111 is made in the same facility as Peter Pan peanut butter; Great Value peanut butter made by other manufacturers is not affected.

As of 21 FEB, the last time when numbers were updated, 329 persons infected with the outbreak strain of Salmonella Tennessee have been reported to CDC from 41 states. Among 249 patients for whom clinical information is available, 51 (21%) were hospitalized. No deaths have been attributed to this infection. Onset dates, which are known for 224 patients, ranged from 1 AUG 06 to 2 FEB 07 and 60% of these illnesses began after 1 DEC 06. PulseNet (the national subtyping network for food borne disease surveillance coordinated by CDC) detected a slowly rising increase in cases of Salmonella Tennessee this fall. OutbreakNet (the national network of public health officials coordinated by CDC that investigates enteric disease outbreaks) then worked for several weeks to identify this unusual food vehicle. Public health officials from several states have isolated Salmonella from open jars of peanut butter of both Peter Pan and Great Value brand. For four jars, the serotype has been confirmed as Tennessee and DNA fingerprinting has shown that the pattern is the outbreak strain.

FDA officials and the peanut butter manufacturer are working collaboratively to learn more about production of peanut butter to determine how it may have become

contaminated. Persons who think they may have become ill from eating peanut butter are advised to consult their health care provider. Persons who have Peter Pan peanut butter purchased since MAY 06 or Great Value peanut butter with a product code beginning with 2111 purchased since May 06 should discard the jar. Local health departments no longer need to collect jars for testing. Most persons infected with Salmonella develop diarrhea, fever, and abdominal cramps 12 to 72 hours after infection. The illness usually lasts 4 to 7 days, and most persons recover without treatment. However, in some persons the diarrhea may be so severe that the patient needs to be hospitalized. The elderly, infants, and those with impaired immune systems are more likely to have a severe illness. Refer to

www.cdc.gov/ncidod/dbmd/diseaseinfo/salmonellosis_2007/outbreak_notice.htm to view a map indicating the number of cases by state. [Source: CDC Advisory 22 Feb 07 ++]

UNITED NATIONS MEMORIAL WALL UPDATE 01: In addition to the officially sponsored Korean Veterans Association of Korea revisit program, in which the Korean Government covers the Veteran's hotel, meals and most ground expenses, the USO has a program for American Veterans. The USO program covers air transportation, three nights lodging at the Sofitel Ambassador Hotel, meals and Seoul area tours. The cost, including air fare, ranges from \$1,400 to \$1,600. Departures are from gateway cities all over the US as well as Honolulu. The USO coordinator will arrange ticketing. The tour does not include a visit to the UN Memorial Cemetery in Busan where the Memorial Wall is located but participants can extend their stay at the hotel for up to four nights at a substantially discounted rate and travel to Busan and back by high-speed train at reasonable cost. There are three tours available in 2007: May 21-24 (apply by March 14), September 10-13 (apply by July 21) and October 20-25 (apply by August 30). Apply by e-Mail to: usoreunion@yahoo.com or Young.Frie@korea.army.mil. If there are special requests, the USO coordinator, Lee Im-kyung can be contacted at Young.Frie@korea.army.mil or usoreunion@yahoo.com. The mailing address is USO Seoul, Attn: Reunion, PSC 303 Box 53, APO AP 96204-0053. For a description of the 2007 program refer to www.uso.org/Korea/files/REUNION_PROGRAM_for_2007.doc. [Source: Korea Vet News msg. 21 Feb 07 ++]

CHAPTER 61 LEGISLATION: There are three House bills in the 100th Congress that would benefit Chapter 61 retirees:

- H.R.0089: Combat-Related Special Compensation Act. A bill to amend title 10, United States Code, to extend eligibility for combat-related special compensation (CRSC) paid to certain uniformed services retirees who are retired under chapter 61 of such title with fewer than 20 years of creditable service. Sponsor: Rep Bilirakis, Gus M. [FL-9] (introduced 1/4/07). Cosponsors (9).

- H.R.0303: Retired Pay Restoration Act. A bill to amend title 10, United States Code, to permit certain additional retired members of the Armed Forces who have a service-connected disability to receive both disability compensation from the Department of Veterans Affairs for their disability and either retired pay by reason of their years of military service or Combat-Related Special Compensation (CRSC) and to eliminate the

phase-in period under current law with respect to such concurrent receipt. Sponsor: Rep Bilirakis, Gus M. [FL-9] (introduced 1/5/07). Cosponsors (47).

- H.R.0333: Disabled Veterans Tax Termination Act. A bill to amend title 10, United States Code, to permit retired members of the Armed Forces who have a service-connected disability rated less than 50% to receive concurrent payment of both retired pay and veterans' disability compensation, to eliminate the phase-in period for concurrent receipt, to extend eligibility for concurrent receipt and combat-related special compensation to chapter 61 disability retirees with less than 20 years of service, and for other purposes. Sponsor: Rep Marshall, Jim [GA-8] (introduced 1/9/07). Cosponsors (12).

However, only HR 333 would correct almost all of what is now wrong with concurrent receipt. HR 333 would:

- a. Extend the benefits of CRDP to some 375,000 retired career veterans who are rated less than 50% disabled by the VA. (HR 303 would do the same. No similar provision in HR 89.)
- b. Repeal the 10 year phase in of CRDP for those 180,000 retired career veterans who are rated 50 to 90% disabled. It would also eliminate the diminishing returns of the 10 year schedule beyond 2007. Consider that with the 2007 increment, restoration is approximately 65% of full amount. In 2010, restoration will be approximately 95% of the full amount, leaving the last 4 years to restore the remaining 5% such that the average monthly increment in 2014 is \$0.31 in 2005 dollars for a total budget outlay of some \$23,500 for the entire year. (No similar provision in HR 303 or HR 89.)
- c. Extend the benefits of CRDP at 100% to those 28,000 retired career veterans who are rated less than 100% but who are considered "individually unemployable" (IU) and compensated at 100% by the VA. (No similar provision in HR 303 or HR 89.)
- d. Extend the benefits of CRDP to 183,000 career veterans who were involuntarily retired with less than 20 years of retirement service for medical disability to include wounds received in combat. Currently those incurring combat inflicted disabilities in Iraq and Afghanistan are denied the benefits of CRDP. (HR 303 would extend CRDP to Chapter 61 based on 2.5%/year of service thereby limiting Ch 61 retirement pay to that amount.) (HR 89 would extend CRSC {but not CRDP} to Chapter 61 based on 2.5%/year of service thereby limiting Ch 61 retirement pay to that amount.)
- e. Extend the benefits of CRSC as an alternative to CRDP for those untold number of career veterans whose disabilities are considered to be combat related. (No similar provision in HR 303 or HR 89.)

HR 333 is the best concurrent receipt legislation to date. To support this bill and/or contact your Representative refer to <http://capwiz.com/usdr/issues/alert/?alertid=9226426&type=ML> [Source: USDR Charlie Revie msg. 25 Feb 07 ++]

USMC REENLISTMENT OFFERED: The Marine Corps is reaching out to former Marines in its effort to grow the service to 207,000 Marines by 2011. Part of the effort to

grow the force is to contact noncommissioned officers who have separated from the service and offer them the option of coming back in. The Marine commandant Gen. James Conway is sending a letter to every Marine who has gotten out in the last four years. It will say that, "You may have already served your nation, but the job's not done". Everything is negotiable: four-year enlistments, two-year enlistments, airborne school, other military schools, and so on, plus NCOs should be able to come back on active duty with their former ranks. The service will begin recruiting an extra 5,000 per year beginning this year without reducing standards. The corps will be competing against the other services and especially against the Army, which has been slated to grow by 62,000 over the same period. To meet their goal the corps will probably put between 300 and 400 more recruiters on the street.

Standards are important to the Marine leadership, Conway said. "We do not want to sacrifice the quality of recruits simply to make the numbers." The Marine recruit standard is higher than that set by the Defense Department. The DOD standard states that 90% of all recruits must be high school graduates. The Marine standard is 95%, and the service is recruiting 96%. DOD officials said that only about one-third of 18 to 24-year-olds qualify to join the military. The 27,000-Marine increase will be put against those units experiencing the heaviest "deployment-to-dwell" ratios. The Marine Corps would like to get to the point of seven months deployed, 14 months at home station. The general said aviation units, military police and civil affairs are among the most heavily stressed units. The commandant is adamant that the corps must do something about deployment-to-dwell time. [Source: American Forces Press Service 16 Feb 07 ++]

PREMIUM CONVERSION: Since 2000, federal employees have been able to pay their health insurance premiums on a tax-free basis. Many federal retirees think they should get similar treatment. But extending "premium conversion," as it's called, to retirees would require a change in tax law, and Rep. Thomas M. Davis III [R-Va] and others, who have pushed for that change in the last three congressional sessions, are back at it. "We're talking about a modest amount of money, but to those on fixed income, this could have a real impact," Davis said as he again introduced a bill H.R. 1110 to extend the tax break. The bill would result in average savings of \$820 a year for federal retirees, he estimated. Under the bill, federal civil service and military retirees would pay their monthly health-care premiums through a pretax deduction from their annuities. The bill also would permit active-duty military personnel to deduct from their taxable income certain supplemental premiums or enrollment fees for Tricare, their military health insurance.

The tax code permits employees to pay for health insurance with deductions that are excluded from income and Social Security payroll taxes. It does not, however, allow employers to offer premium-conversion benefits to their retirees, the sore point that the Davis bill would address. In recent years, Davis has gotten such legislation through the House Oversight and Government Reform Committee, which he chaired until this Congress. But the measure has always faltered because the House Ways and Means Committee, which has jurisdiction over tax policy, has balked at taking up the issue. The likely cost of the bill appears to be the sticking point. According to a Congressional Budget Office estimate, extending the tax break to federal retirees would cost about \$600

million over 10 years. Davis hopes to build bipartisan support for this year's measure. Reps. Steny H. Hoyer [D-MD] the House majority leader; Chris Van Hollen [D-MD] who has a seat on Ways and Means; and Jon Porter [R-NV] have signed on as chief co-sponsors. The Washington area congressional delegation and about half of the Ways and Means Committee also have agreed to be listed as co-sponsors of the bill, Davis said. The National Active and Retired Federal Employees Association and the Military Coalition, a group of 35 military and veterans organizations, are supporting the Davis effort. [Source: Washington Post Stephen Barr article 22 Feb 07 ++]

VA HANDBOOK UPDATE 02: A new edition of the Federal Benefits for Veterans and Dependents handbook by the Department of Veterans Affairs (VA) has been released. It updates the rates for certain federal payments and outlines a variety of programs and benefits for American veterans. Most of the nation's 25 million veterans qualify for some VA benefits, which range from health care to burial in a national cemetery. In addition to health-care and burial benefits, veterans may be eligible for programs providing home loan guaranties, educational assistance, training and vocational rehabilitation, income assistance pensions, life insurance and compensation for service-connected illnesses or disabilities. In some cases, survivors of veterans may also be entitled to benefits. The handbook describes programs for veterans with specific service experiences, such as prisoners of war or those concerned about environmental exposures in Vietnam or in the Gulf War, as well as special benefits for veterans with severe disabilities. In addition to describing benefits provided by VA, the 2007 edition of the 160-page booklet provides an overview of programs and services for veterans provided by other federal agencies. It also includes resources to help veterans access their benefits, with a listing of toll-free phone numbers, Internet addresses and a directory of VA facilities throughout the country. The handbook can be downloaded free from VA's Web site at www1.va.gov/opa/vadocs/fedben.pdf or purchased with credit card or check from the U.S. Government Printing Office (GPO). GPO accepts credit card orders for the publication at (866)512-1800 for a cost of \$5 each to U.S. addresses, or \$67 for bulk orders of 25 copies. It order is by mail make check out to Superintendent of Documents and mail to the GPO at Superintendent of Documents, P.O. Box 371954, Pittsburgh, PA 15250-7954. [Source: www.va.gov Feb 07 ++]

MILITARY SURVIVOR BENEFITS: One of the biggest benefits is the Survivor Benefit Plan (SBP), created by Congress to take care of surviving spouses and children when retired pay stops upon a retiree's death. The plan has undergone some fairly significant changes. Launched in 1972, the goal of SBP was to ensure survivors of military retirees would have reasonable and continuous income replacement, which Social Security alone does not provide. Congress intended that the value of Social Security and other entitlements would be considered when determining whether reasonable income replacement was achieved. When a military retiree dies, military pay stops on the date of death. Today, more than 250,000 survivors of military retirees continue to receive payments because their sponsor participated in SBP. The program has a cost-of-living adjustment, is government-subsidized, and offers tax-free features to

the retiree. Recently, Congress allowed an open enrollment season for SBP under a provision of the 2005 Defense Authorization Act. Basically, it was an opportunity for military retirees to enroll in SBP who had not done so when they first were eligible. This was only the fourth time that an open season was held in which retirees could get into the SBP after the fact. Each time, the open season coincided with major changes to the program.

The latest enrollment season began 1 OCT 05, and ended 30 SEP 06. The reason the program was opened up again to those who did not get in when they were first eligible is that Congress ordered a phasing out of the Social Security offset that reduced benefits for survivors at age 62, when they became eligible for Social Security. Instead of the 55% of a member's retirement pay, SBP payments were reduced to 35% of retired pay, on the theory that Social Security would substitute for the other 20 percentage points. The offset began to be phased out in OCT 05, when the percentage of retired pay for survivors age 62 and older increased to 40%. Then in April, it increased again to 45%. This April, it is due to go to 50%, and in APR 08, the last phase kicks in when the percentage is restored to 55% for all SBP beneficiaries age 62 and older. Under current law, a retiree cannot reduce or decline spouse coverage without the spouse's written consent. You may voluntarily elect to discontinue participation in the SBP only during the 25th through the 36th month after you begin drawing retired pay. If you qualify to discontinue participation in the plan, you must complete DD Form 2656-2. Again, spousal concurrence is required, except in limited circumstances when your spouse is unavailable.

The cost of SBP is 6.5% of the base amount of coverage. You can choose as your base amount anything from your maximum monthly retirement pay to as little as \$300 per month. For example, with a base amount of \$1,000 per month, the monthly cost for spouse coverage is \$65. Upon the retiree's death, the annuity would be 55% of \$1,000, or \$550 after 2008 before taxes. Since the retiree pays no tax on the premiums the tax is collected from the payments. Non-U.S. citizen spouses in most countries outside the U.S. are taxed at a flat rate of 30%. These same spouses cannot collect social security benefits on their deceased spouse's account if they have not spent an aggregate of five years in the United States. For those who can receive SS benefits the benefits are also taxed at 30%. A consideration for retirees with non-U.S. citizen spouses residing overseas who do not meet the 5 year US. residency criteria to collect social security is to weigh the SBP benefit against the VA Death Pension non-taxable benefit paid to a veteran's survivors. For 2007 this amounted to \$610 monthly. To get the equivalent net payment from SBP the retiree would have to have a base retirement pay of \$1583 assuming the survivor would have no other income. The retiree should also consider that under the VA Death Pension benefit any income (i.e. interest, dividends, social security, wages of any type, tax refunds, etc.) will reduce the amount of monthly pension payment from VA dollar for dollar. In the case of social security the reduction will be the gross amount earned before taxes are automatically deducted vice the net amount received by the survivor. [Source: NavyTimes Alex Keenan article 19 Feb 07 ++]

ARMY DISABILITY RATINGS: According to veterans' advocates, lawyers and services members the Army is deliberately shortchanging troops on their disability retirement ratings to hold down costs. In support of this the Inspector General has identified 87 problems in the system that need fixing. "These people are being systematically underrated," said Ron Smith, deputy general counsel for Disabled American Veterans. "It's a bureaucratic game to preserve the budget, and it's having an adverse affect on service members." The numbers of people approved for permanent or temporary disability retirement in the Navy, Marine Corps and Air Force have stayed relatively stable since 2001. But in the Army, while in the midst of a war, the number of soldiers approved for permanent disability retirement has plunged by more than two-thirds, from 642 in 2001 to 209 in 2005, according to a GAO report last year. That decline has come even as the war in Iraq has intensified and the total number of soldiers wounded or injured there has soared above 15,000.

The Army denies there is any intentional effort to push wounded troops off the military rolls. But critics say many troops being evaluated for possible disability retirement accept the first rating they are offered during their first informal board. Dennis Brower, legal advisor for the Army's Physical Disability Agency, acknowledged as much, saying only 10% of soldiers request a formal board. If they were to request a formal board, and then appeal the decision of that board, they would receive higher ratings. The system is complicated, "unduly so" the Rand Corp. think tank said in a 2005 report, and the counselors who advise troops often have insufficient training or experience. Service members also assume that after months spent in a war zone, the military will look out for them, critics say. Those who try to navigate the process beyond their initial evaluation face long waits, lost paperwork and months or even years away from home as they try to complete the process. If they receive a rating of above 30%, they receive disability retirement pay, medical benefits, and commissary privileges. Those rated under 30% they receive severance pay and no benefits. Many eventually give up and take their chances with the VA, which may give a higher rating for the same disability.

Under the separate disability payment systems of the Defense Department and the VA, a higher VA rating does not necessarily translate into more money, and forgoing military disability retirement also means giving up lifetime commissary and exchange privileges, military health care and other benefits.

While the number of soldiers placed on permanent disability retirement has declined in the past five years, the number placed on temporary disability retirement with medical conditions that officials rule might improve so they can return to work over time or worsen to the point that they must be permanently retired has increased more than fourfold, from 165 in 2001 to 837 in 2005. Troops on temporary disability leave convalesce for 18 months while receiving reduced basic pay. After that they are reevaluated and either returned to duty, or rated for separation or permanent disability retirement, or sent back to temporary disability for another 18 months up to five years. Along with paying them reduced wages during that time, the eventual reevaluation often leads to downward revisions in their disability ratings and lower disability payments. Service members' conditions must be deemed stable before they receive a permanent disability rating, unless they are rated at less than 30%. In that case, they are discharged

with severance pay whether they are in stable condition or not. If their conditions then worsen, they'll receive no more money from the military.

Compared to the overall size of the defense budget, disability retirement costs are relatively small. In 2004, the military paid more than \$1.2 billion in permanent and temporary disability benefits to 90,000 people, the GAO said. That does not include the costs of lump-sum severance pay (up to 24 months of basic pay) given to 11,174 disabled troops that year in lieu of disability retirement pay. The Pentagon was unable to provide data on severance costs, the GAO said. In 2005, Ellen Embrey, deputy assistant secretary of defense for force health protection and readiness, told House lawmakers the reason for the comparatively large numbers of troops placed on temporary disability was actually to keep end strength up. A premature medical evaluation board decision, she said, "may negatively impact the individual's ability to continue serving." Col. Andy Buchanan, the Army Physical Disability Agency's deputy commander, said the system is not as bad as government reports have led people to believe. "It really is a fair process," he said. "It's wide open. We have nothing to hide." Buchanan also said he had "no visibility" on the costs related to disability retirement pay, so he doesn't know if the budget is going up or down. He said he gives medical evaluation board adjudicators one instruction: "Do the right thing. That's the guidance I give them. There is absolutely no attempt on the part of the Army or this agency to deny soldiers any disability benefits or to push them off on the VA. [Source: NavyTimes Kelly Kennedy article 24 Feb 07 ++]

MILITARY HEALTH CARE TF UPDATE 02: Top service medical officers expressed their frustrations with the DoD health budgeting process at the 20 FEB hearing before the Task Force on the Future of Military Health Care. Army Surgeon General LTG Kevin Kiley and Navy Surgeon General VADM Donald Arthur expressed their dissatisfaction with efficiency wedges or budget cuts, that DoD imposes on them each year. An efficiency wedge is a budget euphemism for, "We are cutting your budget by X amount and it's up to you to find ways to stay within that lower amount by becoming more efficient". VADM Arthur said there was no rational thought behind the cuts indicating they are simply a way to pay for private sector care and don't actually make the services any more efficient. The Surgeon Generals agreed that one way to make military health care more efficient would be for military hospitals and clinics to recapture more of the primary care workload that's now being addressed in civilian care networks. There is capacity in military facilities that's being paid for but not being used, they said. Both the Navy and Army reiterated their support for a unified medical command. The Air Force Surgeon General said the joint command concept wouldn't work with the Air Force's current command and control structure. VADM Arthur took issue with the current strategy of increasing fees and copays for the Tricare program. He offered a presentation entitled, "Can Not Break Promises", and said he was uncomfortable with assuming savings from pushing retirees out of Tricare, which does nothing to address actual health care cost increases. LTG Kiley commented that fee/copay increases do not have to be so quick and should only be small increases. [Source: MOAA Leg Up 23 Feb 07 ++]

RESERVE RETIREMENT AGE UPDATE 08: Two bills have been introduced in the 110th Congress to amend Title 10 to reduce the eligibility age for National Guard and Reserve retirees to receive military retirement pay. Congressman Jim Saxton (NJ) introduced H.R.0690 which would simply lower the eligibility age to 55 years. Identical Saxton bills introduced in previous sessions failed to pass because of their estimated cost. Senator Saxby Chambliss (GA) has introduced S.0648 which would reduce the eligibility age below 60 years by three months for each aggregate of 90 days of active duty performed by a member of the Ready Reserves after September 11, 2001 with the eligibility age not to be reduced below 50 years. Under the Chambliss bill, active duty service qualifying for the reduction would include orders for active duty in support of a contingency operation during a war or national emergency under sections 101(a) (13)((B) and 12301(d) title 10 or section 502(f) of title 32. Chambliss' office estimates that this bill, if passed, would cost \$400 million over five years. [Sorce: NGAUS Leg Up 23 Feb 07 ++]

VDBC UPDATE 14: The Veterans' Disability Benefits Commission held public hearings on 21 & 22 FEB. It covered possible Commission recommendations concerning the SBP/DIC offset and a time limit to file disability claims. The American Legion, Gold Star Wives, National Military Family Association, TREA, and the Veterans of Foreign Wars all testified in favor of ending the SBP/DIC offset and leaving unchanged the rules for when one can file a disability claim. The panel, across-the-board, called for the elimination of the SBP/DIC. The Commission members were grateful for the panel's written and oral statements and were particularly moved when several representatives from the Gold Star Wives of America provided personal, compelling accounts of the impact of losing a spouse and the subsequent financial hardships many have endured.

The Commission is expected to settle on a recommendation concerning the deduction of DIC from SBP annuities during next month's meeting. The Commission did make progress on several other staff-prepared research questions and provided the following tentative recommendations:

- Claim-Filing Time Limit - endorse the current rule that allows unlimited time to file an original VA disability claim
- Line of Duty - endorse the current definition that considers any disability incurred while on active duty, other than due to misconduct, as in the line of duty (e.g., members are considered on duty 24 hours a day, 7 days a week)
- Lump Sum Payments - recommend against offering a lump sum payment option in lieu of monthly disability compensation

At its next meeting on 22 & 23 MAR, the Commission is expected to deal with the questions of whether Pending Claims should end at Death, possible Lump Sum Payments, and will consider recommendations on concurrent receipt options, among other issues. For additional info refer the Commission website: www.ha.osd.mil/dhb/fmhc/. [TREA Washington Update & MOAA Leg Up 23 Feb 07 ++]

VA PROSTHETICS: A new facility, part of the Miami VA Medical Center, has built a research and rehabilitation laboratory in partnership with its physical and occupational therapy department. Nationally, VA has developed not only a wide array of rehabilitation research and treatment programs, but nearly 60 prosthetic laboratories providing customized devices and artificial limbs prescribed by VA clinicians. The number of veterans using VA for prosthetics, sensory aids and related services has increased more than 70% since 2000. As demand has increased, so has VA's budget for these services - from \$532 million in 2000 to \$1.3 billion in 2006. The President's budget for 2008 requests \$1.4 billion. The prosthetics research budget requests \$411 million in 2008, nearly \$3 million below current year funding and \$70 million below the amount NAUS and a number of other major veterans organizations recommend for prosthetics research in the NAUS-endorsed Independent Budget. [Source: NAUS Weekly Update 23 Feb 07 ++]

FEHBP RESERVE REIMBURSEMENTS UPDATE 01: Federal employees now have one less thing to worry about when they are called to active duty military service. Last week the Office of Personnel Management published regulations in the Federal Register that will extend Federal Employee Health Benefits coverage from 18 months to 24 months for federal employees on active duty. The regulations are effective April 16. To be eligible for the extension, federal employees must be:

- Enrolled in the FEHB program.
- A member of the reserve component of the armed forces.
- Called or ordered to active duty in support of a contingency operation.
- Placed on leave without pay or separated from service to perform active duty.
- Serve on active duty for more than 30 consecutive days.

[Source: NAUS Weekly Update 23 Feb 07 ++]

TRICARE PHARMACY POLICY UPDATE 01: Defense officials are weighing new initiatives to limit access to the TRICARE retail drug network, particularly for older beneficiaries who are using neighborhood drug outlets to get their maintenance medications. Proposals under review, some of which require congressional action to implement, were discussed 6 FRB at the second public meeting of the Task Force on the Future of Military Health Care. DoD wants help from the task force to drive a larger proportion of 6.7 million TRICARE pharmacy users into the mail-order program which is far more efficient. Prescriptions filled by retail outlets cost TRICARE about 40% more than drugs obtained by mail. After a yearlong marketing campaign, the number of beneficiaries using mail order rose by only 11%, a figure that disappointed officials. Meanwhile, users relying solely on the retail network, with its 59,000 participating pharmacy outlets, climbed by another 170,000 in 2006. Retail costs are \$4.4 billion or 63% of the DoD pharmacy budget. Retail outlets, however, fill only 35% of all prescriptions. Mail-order costs are \$740 million, or 12% of the budget, and handle 14% of pharmacy workload.

Rear Adm. Thomas McGinnis, chief of TRICARE pharmaceutical operations, told the task force that co-pays for the retail network are too low to drive beneficiaries into the mail-order option to help control costs. Of four initiatives McGinnis asked the task force to study and perhaps endorse, two would block beneficiaries who need maintenance drugs for chronic conditions from filling their prescriptions in the retail network. Maintenance drugs are medicines, McGinnis said, that patients likely will need for the rest of their lives. For that reason, they are seen as ideal for supplying conveniently to patients by mail order. Yet beneficiaries have been reluctant to make the shift from the retail network or even from base pharmacies which remain overworked, McGinnis said. The initiatives he presented to the task force were:

- 1) Require that all "third tier" maintenance medications, those not on the department's uniform formulary of approved drugs, be available only by mail order, not in retail outlets.
- 2) Require that all other maintenance drugs, which means generic and brand-name drugs on the formulary, be available only by mail order or at base pharmacies, ending their availability in the retail network.
- 3) Revise retail and mail-order co-payments. As proposed last year, retail co-payments for generic drugs would rise to \$5 from \$3. The co-pay for brand-name drugs on the uniform formulary would climb to \$15, from \$9. The big change from last year's proposal might be to end the availability of non-formulary drugs in the retail network. The number of such drugs is 56 and climbing. This would end the need for that "third tier" co-pay of \$22. Regarding mail order co-pays, as proposed last year officials want the \$3 charge for generic drugs reduced to zero. But the co-pay for a 90-day supply of a brand-name drug on the formulary would rise to \$15, from \$9. The big change on mail-order co-pays from last year also targets non-formulary drugs. McGinnis suggested the current co-pay of \$22 could be replaced with 20% of the cost of the drug. Such co-pays would be waived for medical necessity. McGinnis, a public health service officer, noted that government civilian employees enrolled in the Federal Health Benefits Program (FEHBP) face significantly higher drug co-pays than the military.
- 4) Selected over-the-counter medicines could be made a part of the uniform formulary and dispensed for free from all TRICARE points of service. The idea here would be for TRICARE to absorb the relatively small additional cost of dispensing nonprescription medicines in place of more costly prescription drugs. The example McGinnis used is the over-the-counter medicine Prilosec, for acid reflux, versus Nexium, a heavily marketed drug for the same condition but which is far more costly.

No task force member challenged the proposals. (Source: The SunHerald article 13 Feb 07 ++]

MEDICARE PART B PREMIUMS UPDATE 01: According to a forecast released 13 FEB Medicare Part B premiums could increase by \$15.90 a month next year to \$109.40, a 17% increase from the current \$93.50, The projection of the highest dollar increase in outpatient care premiums in Medicare's history was prepared by TREA Senior Citizens League, a nonpartisan association of about 1.2 million members that grew out of a

military retirees organization about a decade ago. Medicare's trustees are expected to project a premium increase when they issue their annual report this spring, but final figures won't be released by the federal government until next year. Medicare Part B premiums cover outpatient care such as doctors' services, durable medical equipment, home health visits and preventive care. The federal government pays roughly 75% of the total cost of Part B out of general revenues, and assesses a premium to cover the remaining 25%. Individuals with incomes above \$80,000 and couples with incomes above \$160,000 pay a larger portion of the premium. The analysis predicts that for about half of the 44 million Medicare beneficiaries, the premium increase will consume their entire Social Security cost-of-living adjustment.

The premium is automatically deducted from Social Security checks. The report notes that the Congressional Budget Office last month predicted that Social Security COLAs would increase next year by 1.5%, meaning the average beneficiary will receive a \$15.70 monthly increase. Next year's projected high premiums are based on the rapidly growing deficit between what program was expected to cost and the actual costs. For example, last year's premiums were based on an expected 5% reduction in physicians fees which the 109th Congress rescinded in December as one of its last acts. Last spring, the Medicare trustees projected that Part B premiums would increase about 11% in 2007, but the administration adjusted the figures last fall to a 5.6% increase. The report said that if last year's projected increase had been enacted, next year's increase would only be about \$5, rather than nearly \$16. Physicians' fees are scheduled to be reduced next year by 10% and the trustees report, by law, must include that reduction in its calculations. But the TREA Senior Citizens League study assumes that Congress will again refuse to cut doctors' fees, resulting in higher Medicare costs and premiums.

The study notes that Part B premiums have increased 60% over the past five years while the Social Security COLA has increased 14%. If the 2008 projected increases occur, premiums will have increased 77% in six years, compared to a 15% increase in COLAs. "For years, we've been sounding the alarm bell that America's seniors are falling further and further behind, but we've never seen anything quite like these projections," said Ralph McCutchen, chairman of TREA Senior Citizens League. "If our annual Social Security increases get eaten up by just one part of Medicare, how are we supposed to keep up with the rising costs of everything from prescription drugs to home heating to groceries?" The TREA Senior Citizens League is pushing for a change in the way the COLAs are calculated in order to more accurately reflect the inflation rate experienced by older people on goods and services such as medicine and health care. At www.tscl.org/NewContent/102589.asp can be found estimated Part B Premiums for 2008 & 2009. [Source: Palm Beach Post Washington Bureau Larry Lipma article 13 Feb 07 ++]

VA BUDGET 2008 UPDATE 04: The fiscal 2008 Department of Veterans Affairs budget request unveiled by the White House on 5 FEB proposes \$36.6 billion in health care funding and seeks to establish new and higher fees for veterans that Congress has already rejected multiple times. The VA healthcare co-pay would almost double, moving

to \$15 from the current \$8 according to Rita Reed, VA's deputy assistant secretary for budget. She also announced the VA is seeking to create enrollment fees of up to \$750 for veterans with relatively robust family incomes in priority categories 7 and 8. Congress has shot down requests for such fees for three years running, and with Democrats now in control, the odds of approval are even longer. Last year, in the president's budget, he proposed doubling the cost of prescription drugs and an increase in fees.

The \$36.6 billion for VA health care, which includes assumptions of \$2.3 billion in payments from third-party insurers, is part of a VA budget request of \$87 billion that Veterans Affairs Secretary James Nicholson called a landmark. Nicholson noted that the VA budget has grown by \$37.8 billion since President Bush took office, although that growth has been due less to largesse than to the necessity of caring for aging veterans of previous wars as well as a larger-than-anticipated influx of new veterans from the wars in Iraq and Afghanistan. Nicholson said the budget will help his department cut the average processing time for veterans' benefits claims by 18%. According to budget documents, the average time to process a disability claim in 2006 was about 185 days and is expected to be 182 days in 2007. VA's goal is 125 days.

Reducing average process time is essential because troops who leave service with disability ratings of less than 30% are ineligible for Defense Department medical benefits, including counseling for post-traumatic stress disorder. They are still eligible for VA benefits but may have up to a six-month wait for services after leaving the military because of long processing times. Research has shown that service members who do not receive immediate care for PTSD may suffer the symptoms for far longer than those who get immediate care. Within the budget, \$45 billion would go to pay for benefits such as education and home loans, and \$167 million would go to operation and maintenance of veterans' cemeteries. VA plans to open six new national cemeteries. However, some veterans would pay more out of pocket for VA health care under the plan. The Bush administration estimates the co-pay increase would raise \$311 million in revenue in 2008, and the tiered annual enrollment fee would bring in another \$138 million. The budget estimates 553,521 veterans will need acute hospital care in fiscal 2008, an increase over the 548,470 estimated to seek treatment this fiscal year. However, even as deployment surveys continue to report high numbers of troops with PTSD and other mental health issues, the budget assumes 1,287 fewer patients will seek mental health care in 2008. [Source: NavyTimes Kelly Kennedy/ Rick Maze article 19 Feb 07 ++]

NGB DOD REPRESENTATION UPDATE 03: Congressional aides familiar with the independent panel's report told CongressDaily 22 FEB that The National Guard and Reserves Commission (CNGR) will announce that it opposes a bipartisan effort in Congress to boost the Guard's clout by making its leader a member of the Joint Chiefs of Staff. The panel's views, contained in a preliminary report to Congress that will be released 1 MAR, will likely bring denunciations from lawmakers who were hoping for an endorsement of the National Guard Empowerment bill, which would give the heavily deployed reserve force more power over its organization, operations and budgets. According to the aides, the commission will announce its preference for modest changes,

including the promotion of the three-star Guard chief to four-star rank and designation of the chief as an adviser to the Joint Chiefs chairman. These changes resemble parts of a compromise Senate advocates proposed last fall. That compromise passed the Senate as an amendment to the fiscal 2007 defense authorization bill but died in conference with the House, prompting Guard supporters to reintroduce the full measure last month.

The commission, created by Congress to offer advice on issues affecting the Guard and Reserves, will also reject a provision in the bill that would give the National Guard its own budget authority. Currently, the Guard budget falls under the Army and Air Force budgets. The commission suggests the National Guard communicate its homeland security equipping needs to the Homeland Security Department, which would relay them to the Pentagon, essentially adding another layer of bureaucracy to the Guard's budget process. The commission also favors creation of an advisory council of 10 governors appointed by the president who would report directly to the Defense and Homeland Security secretaries, the White House Homeland Security Council and the National Governors Association. That recommendation, according to the aides, would erode the power of the Guard Bureau, which essentially serves as a conduit between the states and federal government. The commission, meanwhile, agrees with congressional efforts to revise the Guard bureau's charter, particularly to define its relationship with unified commands and Homeland Security. But commissioners want the Army and Air Force secretaries to take the lead and made no mention of the Guard's involvement, aides said.

While the report rejects much of the Guard empowerment bill, the measure's co-sponsors-Sens. Patrick Leahy [D-VT] and Christopher Bond [R-MO], and Reps. Tom Davis [R-VA] and Gene Taylor [D-MS] plan to move ahead. They are counting on the backing of dozens of lawmakers who supported the legislation last year. And pressure to back the bill is likely to come from National Guard units, which are descended from colonial-era militias and draw volunteers who live and work in every district. Still, the commission's findings might help some key lawmakers oppose the more radical changes proposed in the bill. Among them House Armed Services Chairman Ike Skelton [D-MO], who has been awaiting the panel's report before taking a position. [Source: CongressDaily Megan Scully article 22 Feb 07 ++]

TFL HISTORY: Tricare for Life (TFL) is the product of a 2001 amendment to Tricare law that allows plain, ordinary Tricare Standard to act as a free supplement to plain, ordinary Medicare. Before 2001, retirees' Tricare eligibility ended if they became legally entitled to Medicare at age 65 regardless of whether they were enrolled in Part B of Medicare. In 1966, when it enacted the law creating what was then called CHAMPUS, Congress intended the plan to provide assistance with medical bills between the young retirement age of uniformed service personnel and their Medicare entitlement at 65. CHAMPUS was not intended to provide lifetime coverage. The original 1966 law, as it applied to everybody except family members of active-duty troops, had a provision that if a CHAMPUS beneficiary became entitled to Part A of Medicare (the free part), he immediately lost all CHAMPUS eligibility. It was not until 1991 that Congress amended the law to allow Medicare beneficiaries to retain CHAMPUS eligibility if they enrolled in

Part B of Medicare.

Regardless of Part B enrollment, retirees and their family members still lost CHAMPUS eligibility if they became legally entitled to Medicare at age 65. CHAMPUS became Tricare in 1995, but it was still governed by the same 1966 law, now as amended. A law effective 1 OCT 01, made it possible for Tricare beneficiaries to retain their eligibility beyond age 64 despite Medicare entitlement, provided they were enrolled in both Part A and Part B of Medicare. That is the coverage now called Tricare for Life. Under that law, Medicare Part A and Part B become the primary health insurance. Tricare Standard, which is still free, acts as a Medicare supplement. After it processes a claim and pays the provider, usually 80% of the amount approved for covered services (after the Medicare deductible is met, if applicable), Medicare automatically forwards the claim to Tricare.

Tricare (i.e. TFL) will pay the amounts Medicare did not pay on each Tricare-covered service on that claim. That is usually the beneficiary's Medicare co-payments and any Medicare deductibles applied on that claim. On the vast majority of Medicare claims, Tricare pays the unpaid balance on the claim. Thus, the provider's claim and the bill are paid in full and nothing remains for the beneficiary to pay. But there are three unusual situations in which the beneficiary will have some out-of-pocket expenses not paid by either Medicare or Tricare.

- First, if a particular service is covered by Medicare but not Tricare, Tricare will pay nothing. The beneficiary has sole responsibility for paying what Medicare did not. The most common example is chiropractic care. But similar situations are rare; there is little else that Medicare covers but Tricare does not.
- Second, if an item on the Medicare claim is not covered under Medicare but is covered under Tricare, Tricare does something that no commercial Medicare supplement will do. It will separate that service from the rest of the Medicare claim and process it as if Tricare Standard were the beneficiary's only health insurance. That bit of the Medicare claim will be subject to the usual Tricare Standard deductible and cost share. The beneficiary will be responsible for paying those amounts out of pocket.
- Third, if the beneficiary receives a medical service that is covered by neither Medicare nor Tricare, he has sole responsibility for paying that charge. Under Medicare law, if you receive a service the provider knows, or should know, may not be covered by Medicare, the provider must make the beneficiary aware of that fact and have him sign a document to that effect. If the provider fails to do so, the beneficiary may escape financial responsibility for that bill.

Military retirees have been trying for years to obtain the retirement health benefit they were promised upon enlistment into the armed service. TFL is about as close as they have come. H.R.602 and S.407 Keep Our Promise to America's Military Retirees Act were introduced in the 109th Congress after the Supreme Court said it was a congressional vice legal matter. Despite alleged support by lawmakers these bills died in committee when that Congress recessed. To date they have not been reintroduced in the 110th Congress and retirees continue to have to pay out of pocket the Medicare Part B premium if they

want to continue their Tricare coverage past age 64.. There have been two related legislative actions:

1. H.R.1110. A bill introduced by Rep. Tom Davis [VA-11] to amend the Internal Revenue Code of 1986 to allow Federal civilian and military retirees to pay health insurance premiums on a pretax basis and to allow a deduction for TRICARE supplemental premiums. To support this bill and/or contact your Representative refer to [http://capwiz.com/usdr/issues/alert/?alertid=9408301&queueid=\[capwiz:queue_id\]](http://capwiz.com/usdr/issues/alert/?alertid=9408301&queueid=[capwiz:queue_id]).
2. H.R.0343 Military Retiree Health Care Relief Act of 2007. A bill introduced by Rep Jo Ann Emerson, Jo Ann [MO-8] to amend the Internal Revenue Code of 1986 to allow a refundable credit to military retirees for premiums paid for coverage under Medicare Part B.

[Source: Tricare Help, Times News Service James Hamby article 19 Feb 07 ++]

CERVICAL CANCER UPDATE 02: Human papillomavirus (HPV) infection is a concern for girls and young women because it can lead to cervical cancer. TRICARE wants its beneficiaries to know a preventive vaccine is available, and that the vaccine is a TRICARE covered benefit. The Centers for Disease Control and Prevention (CDC) reported that in 2006, approximately 9,700 cases of cervical cancer were diagnosed in the United States, and approximately 3,700 women died from the disease. Nearly all cervical cancer cases are associated with an HPV infection. "It is important for us to protect our beneficiaries from preventable disease whenever we can," said Army Maj. Gen. Elder Granger, deputy director, TRICARE Management Activity. "So we cover all immunizations the CDC's Advisory Committee on Immunization Practices recommends and adopts." The CDC recommends a three-dose schedule for the HPV vaccine with the second and third doses administered two and six months after the first dose. They recommend routine vaccination with HPV for girls 11 to 12 years old. Doctors may start the vaccination series in girls as young as nine years old, and can give a catch-up vaccination to 13 to 26 years olds who have not been vaccinated previously or who have not completed the full vaccine series. Because the vaccine is new, it may not be available everywhere. Interested beneficiaries or their parents should contact their doctors to find out if they administer the HPV vaccine. Also, the new vaccine does not protect against every type of HPV infection and can't prevent all cervical cancers. So getting vaccinated does not eliminate the need for screening pap smears, or reduce the importance of regular gynecological exams. For more on vaccination schedules refer to www.cdc.gov/mmwr/pdf/wk/mm5551-Immunization.pdf. [Source: TMA News Release 20 Feb 07 ++]

VA FRANCHISE PROGRAM UPDATE 01: Franchising can make an excellent career transition for military veterans. Military life is rigorous, demanding, physically taxing, and undoubtedly regimented. A franchise system is an established module of rules, regulations, and procedures - a language that any veteran could understand. Founded in 1991, the VA Franchise Program (VetFran) is the only program of its kind that helps veterans establish themselves in the franchise world by providing them with a numerous resources from informational to financial, and supported by a number of governmental

and private groups. VetFran has over 200 franchisor members, all of which are members of the International Franchise Association and this membership continues to grow every year. These franchisors have agreed to help qualified veterans acquire franchise businesses by providing financial incentives not otherwise available to other franchise investors. Veterans will get the "best deal" from these companies. If you are a veteran and seeking to invest in a franchise opportunity, visit the franchising section of each company's website.

Another resource available to veterans is The Veterans Business Outreach Program (VBOP), one of the many services provided by the Small Business Administration (SBA). This is a government-funded organization that can provide multiple levels of support to help veterans start their own business or grow an existing business. What makes this program so good is that the services offered go beyond just include grant and loan administration. They help individuals integrate themselves into entrepreneurship and provide small business management training, advice, and mentorship after many years of military service. The VBOP offers the following:

- Pre-Business Plan Workshops: VBOCs conduct entrepreneurial development workshops dealing specifically with the major issues of self-employment. An important segment of these workshops entails the usage of the Internet as a tool for developing and expanding businesses. Each client is afforded the opportunity to work directly with a business counselor.
- Concept Assessments: VBOCs assist clients in assessing their entrepreneurial needs and requirements.
- Business Plan Preparations: VBOCs assist clients in developing and maintaining a five-year business plan. The business plan includes such elements as the legal form of the business, equipment requirements and cost, organizational structure, a strategic plan, market analysis, and a financial plan. Financial plans include financial projections, budget projections, and funding requirements.
- Comprehensive Feasibility Analysis: VBOCs provide assistance in identifying and analyzing the strengths and weaknesses of the business plan to increase the probability of success. The results of the analysis are utilized to revise the strategic planning portion of the business plan.
- Entrepreneurial Training and Counseling: VBOCs, working with other SBA resource partners, target entrepreneurial training projects and counseling sessions tailored specifically to address the needs and concerns of the service-disabled veteran entrepreneur.
- Mentorship: VBOCs conduct, as appropriate, on-site visits with clients to ensure adherence to their business plans. Additionally, VBOCs review monthly financial statements to determine whether a revision of the business plan is warranted or that desired results are being attained.

VBOCs also provide assistance and training in such areas as international trade, franchising, Internet marketing, accounting, etc. A representative from the Veterans Business Development Office can help you prepare and plan for your entrepreneurial venture. You can locate your nearest representative by going to www.sba.gov/vets/reps.html and clicking on your home state. For additional information

refer to www.sba.gov/vets. [Source: www.sba.gov/vets Feb 07 ++]

ENLISTMENT WAIVERS: According to a just-released Pentagon report, the Army is approving significantly more criminal history waivers for enlistment than it has in years past. The Army granted more than double the number of such waivers in 2006 than it did in 2003. In 2006, the Army approved 901 waivers for felony convictions, compared to 411 such waivers in 2003. About 10% of the moral waivers approved in 2006 were for felony convictions. Serious criminal history waivers also grew, from 2,700 in 2003 to more than 6,000 in 2006. The report was obtained by the California-based military think tank, Michael D. Palm Center, through a Freedom of Information Act request. "The fact that the military has allowed more than 100,000 people with such troubled pasts to join its ranks over the past three years illustrates the problem we're having meeting our military needs in this time of war," said Aaron Belkin, director of the center

Lawmakers are concerned that continuing war in Iraq and Afghanistan is causing the Army to lower their standards in order to meet their recruiting goals. In the past two years, for example, the Army has increased their non-prior service recruiting age limit from 35 to 42. Additionally, the Army has been approving more waivers for applicants who score in Category IVA of the Armed Forces Vocational Aptitude Battery (ASVAB). "Our armed forces are under incredible strain, and the only way that they can fill their recruiting quotas is by lowering their standards," said Rep. Marty Meehan, a Massachusetts Democrat who has requested additional information from the Department of Defense. "By lowering standards, we are endangering the rest of our armed forces and sending the wrong message to potential recruits across the country."

According to the Pentagon report, almost 25% of military recruits in 2006 needed some type of waiver, up from 20% in 2003. Roughly 30,000 moral waivers were approved each year between 2003 and 2006. The report divides moral waivers into six categories: felonies, serious and minor non-traffic offenses, serious and minor traffic offenses and drug offenses. According to the report, "the waiver process recognizes that some young people have made mistakes, have overcome their past behavior, and have clearly demonstrated the potential for being productive, law-abiding citizens and members of the military." Waiver percentage by service in 2006 were:

- Approximately 20% of Army recruits needed a waiver in 2006. This is up from 12.7% in 2003.
- More than 50% of Marine Corps recruits were given a waiver in 2006. However, the report explains that this is because the Marine Corps has a more strict policy on previous drug use than the other services. A single use of marijuana requires a waiver for Marine Corps service. This is not true of the other services.
- About 18% of Navy recruits required a waiver. This is a slight increase from 2003.
- About 8% of Air Force recruits had waivers, a small decrease from 2003.

[Source: Your Guide to U.S. Military article 19 Feb 07 ++]

USFSPA LAWSUIT UPDATE 12: On February 12, 2007, over four dozen divorced veterans petitioned the United States Supreme Court to overturn a law that permits veterans' retired pay to be divided as marital property in divorce court. The case (Adkins v. Rumsfeld) has been officially received and docketed as case 06-1132. Henceforth, developments in the case can be monitored by following www.supremecourt.us/docket/06-1132.htm. On February 20, 2007, the Department of Justice (DOJ) filed a motion for an enlargement of time of nine days within which to file their brief. The primary reason cited was for the DOJ to confer with the Office of the Solicitor General and obtain final authorization for the appeal. The Court granted the motion. Now the Government's brief is due on March 2, 2007. According to the Court, the Government has until March 16 to reply to the petition, but often they will seek one (if not more) 30-day extensions of time to respond. The Uniformed Services Former Spouses' Protection Act (USFSPA) was enacted in 1982 at a time when most ex-spouses of veterans were women. By now, a substantial and growing number of women fill the ranks of active-duty military members and veterans.

The veterans in this lawsuit are represented by Constitutional lawyer Jonathan L. Katz of Silver Spring, Maryland's Marks & Katz, and David Bederman in Atlanta. Katz said: "The USFSPA adversely affects nearly one million veterans whose marriage have ended or may end in divorce. It is particularly unconscionable at this time when tens of thousands of service members are placing their lives at risk during wartime, career military members also face financial ruin at the hands of their own government due to this law." said Katz. Katz added that "with divorce rates on the rise, it is estimated that over half of today's career military force will not receive the full retirement benefits for which they contracted."

After years of lobbying efforts failed to overturn or curb the USFSPA, a group of divorced veterans formed the USFSPA Litigation Support Group (ULSG) to challenge the law in court. Backed by over 3000 members, the ULSG and over four dozen divorced veterans first went to the federal trial court in Alexandria, Virginia, to challenge the USFSPA. When the trial court denied relief, the veterans appealed to the United States Court of Appeals in Richmond, Virginia. Denied relief there, the veterans finally asked the Supreme Court to hear its appeal, and await the court's reply. Katz said "The USFSPA was quickly drafted and rushed through Congress after the Supreme Court in 1981 said that veterans' retired pay could not be divided by divorce courts absent an act of Congress. However, the USFSPA runs counter to the Supreme Court's holding that veterans' retired pay is a personal entitlement not subject to state community property laws, and noted that to do so threatened clear federal interests."

The divorced veterans' challenge in the Supreme Court includes their contention that the law has been applied retroactively to persons who were already in the military-and some even were already retired-well before the USFSPA empowered divorce courts to divide their retired pay. Their petition also asserts that the USFSPA is unevenly applied in numerous state courts, resulting in wildly varying treatment of divorced veterans' retired pay depending on the state where the divorce proceedings are handled. The lawsuit also contends that the USFSPA and the government do not sufficiently protect

divorced veterans against the government's implementation of court orders issued without sufficient basis in law.

ULSG officer and retired Army Master Sergeant Ronald King said: "The USFSPA is a political hot potato that members of Congress are afraid to touch, lest they be seen as insensitive to ex-spouses of veterans. However, this was a badly-written law in the first place that has caused financial devastation to countless veterans. Although the USFSPA was enacted with good intentions, decades of controversy in this arena has wounded military morale and driven good men and women out of the military just when we need them the most. We hope that the Supreme Court will recognize the impact this law has, and that it will agree to hear our appeal." For further information, contact jon@markskatz.com or ULSG, LLC, PO Box 270337, Tampa, FL 33688-0337 www.usfspa-lawsuit.info. [Source: USFSPA Litigation Support Group News Release 20 Feb 07 ++]

WRAMC UPDATE 04: The Secretary of the Army and the Secretary of the Navy have begun a review of the medical care provided at Walter Reed Army Medical Center and the National Naval Medical Center to those wounded in service to their country. To complement these efforts an independent review group will be formed to look into outpatient care and administrative processes at the Walter Reed Army Medical Center and the National Naval Medical Center. The group shall promptly conduct its work and report its findings and provide recommendations to the Secretaries of the Army and Navy and the Assistant Secretary of Defense for Health Affairs. "The quality of medical and rehabilitative care for all service members at our DoD facilities is second to none," said Dr. William Winkenwerder Jr., assistant secretary of defense for health affairs. "We are committed to improving the clinical and administrative processes, including improving temporary living conditions for our service members and their families." The group will have unrestricted access to all facilities and personnel and will be provided appropriate assistance and administrative support to conduct this review. The group shall also have a special advisor not serving as a member of the group, who can provide special advice and expertise in the area of social work, rehabilitation, psychological counseling and family support issues. Recent exposes in the Washington Post have highlighted poor living conditions, inadequate/dilapidated facilities, and administrative hassles for returning troops that have led to several unnecessary deaths. Post reporters Dana Priest and Anne Hull spent four months investigating the center without Water Reed officials' knowledge or permission.

The Washington Post expose obviously has caught the attention of Army officials. On 19 FEB repairs began on Bldg. 18. The facility's commander, Maj. Gen. George W. Weightman, said Army staff members inspected each of the 54 rooms at the building and discovered that outstanding repair orders for half the rooms had not been completed. He said that mold removal had begun on several rooms and that holes in ceilings, stained carpets and leaking faucets were being fixed. A broken elevator in the building had been repaired and soldiers were working to improve the outside of the building, including removing ice and snow. The slippery conditions have kept some soldiers in their rooms.

A garage door that has been broken for months will soon be repaired. Weightman said Walter Reed and Army officials have been meeting continuously for three days since the articles began appearing. Social workers will now be stationed around the clock at Mologne House, the 200-room hotel on the post where many of the outpatients live. Plans are being developed to better train other staff members who deal with outpatient needs. The Army will also consider moving some outpatients to its other medical centers throughout the United States and will determine over the next weeks whether more workers are needed at Walter Reed. The Senate Armed Services Committee is scheduling hearings next month in response to recent front page stories in the Washington Post regarding injured service members receiving substandard care, inadequate housing, and administrative delays due to excessive government "red-tape" at Walter Reed Army Medical Center. [Source: DoD News Release 20 Feb 07 ++]

MEDICARE UPDATE 04: Recently numerous e-mails have been received addressing some problems that have a common reason for Congress not wanting to address them such as:

- Why can't we get Medicare Subvention for Military Treatment Facilities?
- Why can't the Veteran's Health Service get Medicare to make payments for eligible Medicare patients?
- Why can't we get doctor's fees raised who accept Medicare?
- Why do they want to keep reducing the Medicare fees paid to doctors?

The answer to all is that as an entitlement, Medicare has no cap and it is financed in two ways: beneficiary premiums, deductibles and co-pays; and general revenues. When Congress passed the Medicare Modernization Act in NOV 03 (this is the bill that created the Part D drug benefit), one provision in the legislation inserted a trigger into the financing of the Medicare program. Since the portion of spending covered by general revenues has been growing over time; the point of inserting the trigger was to limit the extent to which general revenues could be used to finance Medicare. The trigger was structured such that whenever general revenues were used to finance more than 45% of expenditures for two consecutive years, Congress is mandated to open up the Medicare program and find ways to curtail spending.

Many members of Congress were very concerned at the time that the trigger was structured so as to lead to a massive round of benefit cuts, simply to reduce spending - without requiring a more fundamental evaluation/overhaul of the program. This trigger now means that everything Congress does with respect to Medicare takes on a different light because general revenues are already covering about 40% or more of Medicare expenditures. It is expected that very shortly because of the drug benefit being implemented, we could hit the 45% cap. This is one reason that many reforms from fixing the reimbursement rates for doctors to Medicare subvention are hitting roadblocks. [Source: NCPOA Newsletter Editor 16 Feb 07 ++]

RETIREE HEALTH INS TAX DEDUCTION: Legislation introduced 16 FRB in the

House would allow retired military and civilian federal workers to pay their monthly health care premiums with pre-tax dollars. The bill (H.R. 1110), introduced by Rep. Tom Davis (R-VA) also would enable active-duty military personnel to use what he called a "pre-tax rebate" to pay for the supplemental insurance most purchase to cover gaps in TRICARE, the Defense Department's health insurance program. Specifically, the bill would let retirees subtract the amount they pay for health insurance premiums from the income they report to the Internal Revenue Service, resulting in a lower taxable income. Though a section of the Internal Revenue Code enables employees in the public and private sectors to pay for health insurance with pre-tax dollars, it does not authorize employers to make this so-called "premium conversion" benefit available to retirees. Passage of the legislation would result in average savings of \$820 per year for federal annuitants, according to government estimates. The measure received praise from the National Active and Retired Federal Employees Association and the Military Coalition, which is made up of 35 organizations representing military personnel and veterans. The bill, initially introduced in the 106th Congress, has received strong bipartisan support. The Government Reform Committee unanimously approved it in the 109th Congress, but it stalled in the Ways and Means Committee because it was overshadowed by the president's top two domestic priorities: strengthening Social Security and improving the tax code. This session, however, nearly half the members of the Ways and Means Committee have signed on as original co-sponsors of the bill. [Source: GOVEXEC.com Daily Briefing 16 Feb 07 ++]

GI BILL UPDATE 12: On 15 FEB Senator Blanche Lincoln (D-AR) and Representatives Vic Snyder (D-AR), Stephanie Herseth (D-SD), John Boozman (R-AR), and Loretta Sanchez (D-CA) unveiled companion bills S.0644 & H.R.1102 to modernize educational benefits under the Montgomery GI Bill (MGIB). The bills are intended to make adequate and equitable benefits for the Guard and Reserve components of our Armed Forces. Their "Total Force Montgomery GI Bill" legislation would:

- Consolidate active duty and Selected Reserve MGIB programs under the jurisdiction of the Veterans Affairs Committee and the Veterans Administration. Reserve benefits are now overseen by the Armed Services Committee and the Department of Defense, and the split oversight has led to inconsistent and inequitable structuring of the two programs.
- Ensure that Selected Reserve MGIB benefits rise in proportion with active duty MGIB rate increases. This would help address the growing inequity of benefits between the two.
- Provide a 10-year period after leaving service to use Reserve Educational Assistance Program (REAP) benefits. Unlike active duty members, Guard and Reserve members forfeit all education benefits once they separate from service.
- Allow mobilized members of the Selected Reserve to accrue active duty level benefits on a month-by-month basis during the time they're mobilized -- up to the maximum allowable benefit (36 months of benefits at \$1,075 per month). Since September 11, 2001, reserve MGIB rates have risen only 13.6%, while active duty rates have gone up 60%.

More than 550,000 Guard and Reserve troops have served on active duty in the war on terror and over 85,000 have pulled two or more tours of duty. Since WWII Guard and

Reserve veterans of Iraq and Afghanistan are the only veterans denied access to their earned GI Bill education benefits after they complete their service. [Source: MOAA Leg Up 17 Feb 07 ++]

TRICARE USER FEES UPDATE 19: At a House Armed Services Military Personnel Subcommittee hearing on 13 FEB, Chairman Vic Snyder (D-AR) admonished Dr. William Winkenwerder, the Pentagon's chief health official, concerning the nearly \$1.9 billion in funding cuts to the Defense Health Program. DoD has previously indicated the savings would come from forcing retirees under age 65 to pay substantially higher Tricare fees and requiring all Tricare beneficiaries to pay higher retail pharmacy copayments. Last year's budget request projected that most of the savings came from the assumption that the higher fees would deter retirees from using their earned Tricare benefits. Winkenwerder said the new proposed budget offers no specifics on where the \$1.9 billion would come from. The cut is just a "placeholder", he said, and it's up to the ongoing Task Force on the Future of Military Health Care to decide what fee increases or other initiatives would generate the savings. Snyder objected to that characterization, saying the budget cut has "poisoned the water for the task force", effectively forcing them to come up with at least equal fee increases or program cuts. The subcommittee's senior Republican, Rep. John McHugh, (R-NY), voiced similar concerns, asking how DoD would address the shortfall if the task force doesn't support at least equal fee increases. Winkenwerder acknowledged that the Pentagon would have to make some "fairly dramatic" program cuts in that event.

With the soon to expire provisions of the NDAA 2007 that held in abeyance the DoD proposal to double and triple Tricare fees and premiums for military retirees, the DoD has again announced similar proposals. This week Senators Frank Lautenberg (D-NJ) and Chuck Hagel (R-NE) held a press conference to announce the roll out of their bill Military Retirees Health Care Protection Act S.0604. This bill would stop DoD from enacting its proposed increases in enrollment fees and co-payments for military retirees, their families and survivors under the age of 65 in TRICARE Prime and Standard. It would also stop the proposed increases in the TRICARE Pharmacy Plan for all TRICARE Beneficiaries, except active duty members. The bill differs in many ways from Representative Edwards' H.R.0579 in the House bill. That bill would limit any co-pay, deductible and fee increases to no more than the percentage of the most recent retired pay increase. In short S.0604 would:

- . Recognize in law the unique role of military health benefits in offsetting the extraordinary demands inherent in a military career.
- . Establish that, in addition to their cash cost-shares, military people pre-pay large up-front premiums for their lifetime health coverage through decades of service and sacrifice.
- . Prohibit the TRICARE Prime enrollment fee and TRICARE pharmacy copays from being increased in any year by a percentage that exceeds the percentage increase in military retired pay.
- . Prohibit TRICARE Reserve Select premiums from being increased by a percentage that exceeds the most recent basic pay increase.

. Prohibit any enrollment fee for TRICARE Standard or any increase in the TRICARE Standard inpatient copay.

[Source: TREA, USDR, & MOAA Updates Feb 07 ++]

GOLD STAR FAMILY LICENSE PLATES: On 15 FEB state Senator Jeff Denham (R-CA-Merced), a 16 year USAF veteran, introduced legislation that would establish a special recognition vehicle license plate to honor a member of the Armed Forces who was killed while serving on active duty in the military. California Senate Bill 287 would allow the surviving family member to obtain a "Gold Star Family" license plate. Under SB 287, a family member includes all of the following individuals: widow, widower, biological parent, adoptive parent, stepparent, foster parent, biological child, adoptive child, step child, sibling, half-sibling, grandparent and grandchild. This license plate would contain a gold star and the words "Gold Star Family." Currently, Pennsylvania, Wisconsin and Massachusetts all have "Gold Star Family" license plates. [Source: <http://republican.sen.ca.gov/web/12/default.asp> Feb 07 ++]

UNCONDITIONAL SURRENDER COMMEMORATIVE STATUE: "Unconditional Surrender," a 25-foot, 6,000 pound statue by world-renowned artist J. Seward Johnson commemorating a famous World War II photo was unveiled 10 FEB 07 at Mole Park in San Diego. Unconditional Surrender is a three-dimensional interpretation of a photo taken by Alfred Eisenstaedt of a Sailor kissing a nurse in Times Square, New York City on 14 AUG 45, following the announcement of V-J Day. Edith Shain, the nurse memorialized in Eisenstaedt's photo, and members of the Pearl Harbor Survivors Association Inc., attended the ceremony along with hundreds of San Diego residents. Sailors attending the ceremony had the opportunity to meet the woman pictured in the photograph famous throughout the Navy community, and the world. Unconditional Surrender was previously displayed in New York City in 2005 and Sarasota, Fla. in 2006. The statue made its way here, and will stand at the G Street Mole Park for duration of 2007 before traveling to its next home. The statue is owned by the Sculpture Foundation of Santa Monica, Calif., and is on loan to the Port of San Diego. To view a picture of the statue refer to www.news.navy.mil/search/display.asp?story_id=27774. [Source: Navy Newstand 16 Feb 07 ++]

AGENT ORANGE LAWSUITS UPDATE 09: On 16 AUG 06, the U.S. Court of Appeals for Veterans' Claims (CAVC) in the case of Haas v. VADC-Nicholson determined that Vietnam veterans who served in the waters off Vietnam and did not set foot in Vietnam are entitled to a presumption of exposure to herbicide agents, to include Agent Orange. This class of veterans is generally known as blue water Navy veterans; but any claim, regardless of branch of service, may be a Haas case. Prior to this decision, VA's interpretation of 38 CFR 3.307(a)(6)(iii) was that a service member had to have actually set foot on Vietnamese soil or served on a craft in its rivers (also known as brown water) in order to be entitled to the presumption of exposure to herbicides. VA appealed the Haas decision to the U.S. Court of Appeals for the Federal Circuit. Richard

V. Spataro, Staff Attorney for the National Veterans Legal Services Program (NVLSP), has reported that the VA has been granted an extension of time from 8 JAN 07 until 21 FEB 07 to file their Federal Circuit Brief in Haas. The National Veterans Legal Services (who are representing Hass) brief will be due to be filed 40 days after the Secretary's brief is served on NVLSP.

In the interim veterans who could be affected by this suit are encouraged to contact their legislators and the president by letter regarding the inequity of excluding them from Agent Orange related veteran benefits. Following are excerpts from one such letter that has been sent which could be tailored to each veteran's concerns:

President George W. Bush
The White House
1600 Pennsylvania Avenue NW
Washington, DC 20500
February 06, 2007

Dear Mr. President,

. I am writing to you as a fellow veteran, to enlist your assistance in righting a very serious wrong being committed against tens of thousands of Vietnam War veterans who served in the offshore waters of that nation. As you are likely aware, the original enabling legislation (Title 38 USC, Chapter 11) for Veterans Disability benefits under presumptive conditions of exposure to dioxin (Agent Orange, etc.) for those who served in the Vietnam War was limited by a Veterans Affairs General Council Precedent, VAOPGCPREC 27-97, of June 23, 1997, to those who actually served within the land boundaries of the Republic of Vietnam, and on that country's rivers. Therefore, Navy, Marine Corps, and Coast Guard personnel who served in the offshore waters were ruled ineligible for benefits under Agent Orange presumptive legislation, even though the inclusion of the term "service.in offshore waters" was included in the original Agent Orange legislation.

Late last summer the United States Court of Appeals for Veterans Claims overturned that policy (VAOPGCPREC 27-97) in Hass v. Nicholson, which in one stroke made an entire class of veterans ("Blue Water Veterans") eligible for presumptive eligibility for Agent Orange benefits. Instead of immediately moving to make the processing and payment of claims available as soon as possible, the Secretary of Veterans Affairs claimed his agency would not survive the onslaught of all those claims, nor would the DVA have enough money to pay them. Based on this he ordered the claims enabled under Haas to be held in abeyance while an appeal was filed. Mr. President these "Blue Water Veterans" comprise a class of veterans who served their nation honorably in time of war, either in combat or in combat support roles, often under fire. This class of veterans has obviously been exposed to dioxin, else the Secretary would not fear the numbers who might file. Further proof of how they were exposed was provided by tests performed by our friends in the Australian Navy, who determined that seawater containing dioxin from runoff or over spray, when processed through ships evaporators for conversion to fresh water, would not result in the elimination of the dioxin, but rather would concentrate it, making it much more deadly.

During the decade that the Department of Veterans Affairs has been prohibiting members of this class of veterans from receiving presumptive benefits under Agent Orange legislation, thousands of veterans in this class died fighting for their benefits as well as their lives. They left behind wives, and children who went through the sad, frustrating, and agonizingly slow process of fighting for their survivors' benefits according to the VA's rules, only to have them coldly rejected on the basis of not having set foot on the ground in the Republic of Vietnam. The withholding of these benefits from this class of veterans has created an enormous hardship on the veterans, and their families that extends beyond the mere lack of financial benefits. The hardship includes not being able to afford needed medications that could possibly have kept them alive, or at least made their last days more comfortable. The hardship includes the creation and aggravation of subsidiary conditions, especially in the case of those who suffer from Type II Diabetes, which affects the heart, lungs, kidneys, liver, eyes, nervous system, and arterial system. Type II Diabetes is a particularly insidious disease that if not treated properly will kill anyone who has it in short order.

There is something wrong with the logic of not taking care of an entire class of our nation's war veterans who were presumed to be harmed by our own actions while they served in that war. To claim an inability to process the claims and an inability to pay the claims is simply un-American. For the country of "can do" to say it "can't do" is a very grave wrong. It also sets a dangerous precedent for future generations of our nation's warriors. I ask you to assist and support the Secretary in correcting this grave wrong. Have him stop wasting money and resources in fighting Haas on appeal, and fighting the writ of mandamus ordered by the United States Court of Appeals for Veterans Claims (Ribaud v. Nicholson). I ask you to have him go to Congress to request emergency funding to comply with the Haas decision, and to immediately begin processing the claims of the veterans now eligible. Perhaps the Secretary could even save money by outsourcing the processing of claims for the "Blue Water Veterans." By doing the right thing, Mr. President, you will lighten the load of tens of thousands of "Blue Water Veterans" and their families.

Thank you.

Respectfully,

[Source: VVA Chap 602 msg dtd 14 Feb 07 ++]

VA DIABETIC RETINOPATHY SCREENING: Many veterans with diabetes are getting initial screening for possible eye disease during their Department of Veterans Affairs (VA) primary care appointments, thanks to a national tele-retinal imaging program now in place at the majority of VA hospitals and clinics. One out of every five VA patients has diabetes and early detection of retinal abnormalities is essential in preventing vision loss from diabetes. This new procedure, which screens patients for diabetic retinopathy, does not take the place of a dilated eye exam. Veterans with known retinopathy or laser treatment will be seen in eye clinics, along with high risk patients such as those with pregnancy or renal disease. The new procedure is a good initial way,

however, to identify patients at risk for visual loss from diabetes. Patients are scheduled for the imaging via the computerized patient record system (CPRS). The images taken of the retina at the clinics are sent to an image reading center, where an eye care specialist determines the need for further care.

Diabetic retinopathy causes 12,000 to 24,000 new cases of blindness each year in the United States, making diabetes the leading cause of new cases of blindness in adults 20-74 years of age. The tele-retinal imaging program is just one year old this month and expected to expand significantly in the coming year. VA collaborated with the Department of Defense and the Joslin Diabetes Center in Boston to implement the technology involving digital retinal imaging and remote image interpretations to assess for levels of diabetic retinopathy. Diabetes is one target of a major VA program designed to reduce the high rates of illness caused by obesity. Called MOVE-for "Managing Overweight Veterans Everywhere" -- it encourages veterans to increase their physical activity and improve their nutrition. Further information is available at www.move.va.gov. [Source: VA News Release 15 Feb 07 ++]

TFL FACTS & TIPS: If you're nearing retirement, transitioning health care coverage shouldn't be a hassle. As you're preparing to switch to Tricare for Life (TFL), the following facts and tips will help you make a seamless transition to Tricare for Life (TFL) coverage:

- Enroll in Medicare Part B when first eligible. TFL enrollment hinges on enrollment in Medicare Part B. You must remain enrolled in Medicare Part B (medical care) in order to maintain Tricare eligibility.
- Keep DEERS up to date. Although Medicare provides data to DEERS, you must maintain your Tricare eligibility by keeping DEERS up to date any time there is a life changing event, like becoming eligible for Medicare. Contact DEERS online at www.dmdc.osd.mil/rsi or call 1(800) 538-9552.
- Enrollment in TFL is seamless. If you are receiving Social Security benefits, you will transition smoothly to TFL upon your 65th birthday; if you are not receiving Social Security benefits at the time of your 65th birthday, you will need to visit the nearest Social Security office and enroll in Medicare.
- Medicare authorized providers are also Tricare authorized. You can visit any Medicare provider for care since all Medicare providers are also TRICARE authorized. Simply show your Medicare card and Uniformed Services ID card at your appointment.
- Claims are paid automatically between Medicare and TFL. As a TFL beneficiary, you will not need to submit a paper claim when you have a doctor's visit (in most cases). The provider will submit the claim to Medicare. Medicare will then submit the claim to Tricare once the Medicare portion is paid.
- TFL is considered a second payer to Medicare. For services covered by Medicare and Tricare, Medicare will pay its portion of the claim and Tricare will pay the remainder. For services that are covered by Medicare and not by Tricare (such as chiropractic care) Tricare will not make a payment and the beneficiary will be responsible.
- Services covered by Tricare but not Medicare (such as overseas claims) may be billed

directly to Wisconsin Physicians Services (WPS) and Tricare will pay as primary insurer. You will be responsible for any cost shares. Payments for services that are not covered by either program remain your sole responsibility.

- Other health insurance (OHI) coordinates differently with TFL and Medicare. TFL beneficiaries who have OHI need to submit their Medicare Summary Notice with a paper claim and OHI explanation of benefits (EOB) to Wisconsin Physician Services. The paper claims may be sent to: Wisconsin Physician Services, TRICARE for Life, P.O. Box 7890, Madison, WI 53707-7890.

- Enrollment in Medicare Part D is not necessary. The Tricare pharmacy benefit is considered creditable coverage and pays equally to Medicare. TFL beneficiaries may continue to use any of the Tricare pharmacy programs. You may fill prescriptions at any military treatment facility pharmacy, through the Tricare Mail Order Pharmacy or through any Tricare network or non-network pharmacy.

- Tricare coverage continues for eligible family members after the death of a sponsor. Surviving spouses remain eligible for Tricare unless they remarry. If they remarry, they lose Tricare eligibility and cannot regain eligibility later, even in cases of divorce or death of the new spouse. Unmarried surviving children remain eligible for Tricare until their 21st birthday (or 23rd birthday if enrolled in college full time and if at the time of the sponsor's death, the sponsor provided more than 50% of the child's financial support.) For more information on Tricare for Life, refer to www.tricare4u.com or call Wisconsin Physicians Services at 1(866) 773-0404.

[Source: USDR Action Alert 15 Feb 07 ++]

MILITARY BLOOD PROGRAM UPDATE 02: The Armed Services Blood Program (ASBP) Web site has been redesigned, offering updated content as well as a new look. The new site, www.militaryblood.dod.mil, features information on how to join a "Life Force" team of donors, volunteers and supporters with topics including blood facts, donor eligibility criteria, and donor center locations. The ASBP collects blood only from servicemembers, government civilians, retirees and their family members. The U.S. military needs blood every day for critically injured troops, cancer patients, premature infants and other uses, said Navy Cmdr. Michael Libby, the director of the U.S. military's blood program. Convenient links on the Web site direct users to online blood donation appointment scheduling via the "Click to Save Lives" drop button on the ASBP home page. Other information links access blood donor eligibility criteria and donation locations. About 20% of servicemembers donate blood, compared to less than 5% of the civilian populace. ASBP collected twice as much blood in 2006 than it did in 2001. The program manages 18 stateside blood donor centers and four overseas centers. Donors normally give about a pint of blood at a sitting. Most people who are eligible to donate provide blood to the program. Only a small percentage may be restricted from doing so because of travel to certain countries or for taking certain medications. Specific information on these restrictions may be found on the program's Web site. Blood is always needed since blood products normally must be replenished about 42 days after being collected. Frozen blood can be stored for years. [Source: Air Force Retiree News Service 15 Feb 07 ++]

CELL PHONE TIPS: Things that you can do with your cell phone:

- Emergency: The Emergency Number worldwide for Mobile is 112. If you find yourself out of the coverage area of your mobile; network and there is an emergency, dial 112 and the mobile will search any existing network to establish the emergency number for you, and interestingly this number 112 can be dialed even if the keypad is locked.

- Remote Keyless Entry: This may come in handy someday if your car is so equipped. If you lock your keys in the car and the spare keys are at home, call someone at home on their cell phone from your cell phone. Hold your cell phone about a foot from your car door and have the person at your home press the unlock button, holding it near the mobile phone on their end. Your car will unlock. Saves someone from having to drive your keys to you. Distance is no object. You could be hundreds of miles away, and if you can reach someone who has the other "remote" for your car, you can unlock the doors (or the trunk).

- Disabling a Mobile Phone: Check your Mobile phone's serial number by keying in the digits * # 0 6 # on your phone. A 15 digit code will appear on the screen. This number is unique to your handset. Also, the ESN of phones are almost always stamped on the literature you receive with the phone. Write it down and keep it somewhere safe. If your phone gets stolen, you can phone your service provider and give them this code. They will then be able to block your handset so even if the thief changes the SIM card, your phone will be totally useless. This procedure is only for the GSM environment outside of the U.S. where only the SIM card comes from the carrier and can be moved freely from phone to phone. In the U.S., where the phone (and thus the ESN, which corresponds to IMEI) is tightly tied to the service, there's no need to make a record of your phone's identity. The carrier already has that info. If your phone is stolen, you just tell the carrier and they do the rest.

- Hidden Battery Power: Imagine your cell battery is very low. To activate, press the keys *3370#. Your cell will restart with this reserve and the instrument will show a 50% increase in battery. This reserve will get charged when you charge your cell next time.

- Directory Assistance: Cell phone companies charge \$1.00 to \$1.75 or more for 411 information calls. When you need to use the 411 information option, simply dial (800) 373-3411 without incurring any charge at all.

[Source: Various Feb 07]

VA STATE BENEFITS SEAMLESS TRANSITION: To help severely injured service members receive benefits from their states when they move from DoD military hospitals to VA medical facilities in their communities, VA announced 12 FEB expansion of a collaborative outreach program with states and territories. After a four-month pilot with the state of Florida, Secretary of Veterans Affairs Jim Nicholson expanded the program to all states while addressing a conference of the National Association of State Directors of Veterans Affairs (NASDVA) in Alexandria VA. Called "State Benefits Seamless Transition Program," the initiative involves VA staff located at 10 DoD medical facilities. They will identify injured military members who will be transferred to VA facilities. VA staff will contact state veterans affairs offices on behalf of the veterans.

The state offices, in turn, will contact the veterans to inform them about state benefits for them and dependent family members. Most states and territories offer a range of benefits to veterans. NASDVA is an organization consisting of the top veterans affairs official in each state and territory. The association is a nexus for the exchange of information among the states, Congress, the U.S. Department of Veterans Affairs and the veteran service organizations. [Source: VA News Release 12 Feb 07 ++]

VA DATA BREACH UPDATE 30: The ranking member of the House Veterans' Affairs Committee said 12 FEB that recent comments by a mid-level Veterans Affairs Department official are a sign of a management culture that still fails to take data security seriously enough. Rep. Steve Buyer (R-IN) publicized a recording of the comments, in response to the VA's latest data breach. The recording was of a meeting in early January and captured Joseph Francis, acting deputy chief research and development officer at VA, telling his staff members that they did not need to "do an A-plus job" in responding to a congressional request for information on where the department keeps sensitive data. "If you want to know what's the real purpose of the data call, read Machiavelli. It's about power, it's about Congress saying, 'VA, you're accountable to us,'" Francis said. "We're not asking people to do an A-plus job on this report." In response to the disclosure, VA spokesman Matt Burns said Francis is with the program and understands what the agency is doing to protect veterans' data.

In a letter to the editor of The Hill, the Capitol Hill newspaper that first obtained the recording, Francis wrote, "My comments were taken out of context and offered a very misleading impression of what I actually said. The meeting was intended to emphasize VA's need to provide the highest level of protection for our human research subjects, particularly as it relates to information security issues." He said members of the audience were concerned that lawmakers gave the department only four days to meet the request for data, and that he asked for the employees' best efforts even if the results were not complete. But Buyer was skeptical. Buyer said, "Congress does expect an A-plus job of Dr. Francis, as it does all the people who are entrusted with the health care and benefits delivery of America's veterans and family members. The time for second-guessing by VA middle management is over. The potential for fraud in the latest data breach is "enormous." The incident puts at risk highly sensitive information on the 1.3 million physicians who have billed Medicaid and Medicare, and medical data for about 535,000 VA patients.

The breach did not come up at a Senate Veterans' Affairs Committee hearing 13 FEB on the fiscal 2008 budget, though VA Secretary James Nicholson emphasized that the department is working toward its goal of becoming the gold standard for information security in the government. After the hearing, Nicholson told reporters it has yet to be determined whether the hard drive containing the data was stolen or lost. He said the VA inspector general continues to lead the investigation, in consultation with the FBI. Nicholson said he could not predict whether the hard drive would be recovered. He said the employee who lost it clearly violated agency policies by leaving the data unprotected and has been placed on administrative leave. The hard drive went missing after the office

changed locations, Nicholson said. According to Senate Veterans' Affairs Committee Ranking Member Larry Craig (R-ID) the employee initially said the hard drive had been stolen but has since changed his story. Nicholson said the employee has obtained an attorney. [Source: GOVEXEC.com Daily Briefing 13 Feb 07 ++]

VA DEPENDENT BURIAL: The spouse or surviving spouse of an eligible veteran is eligible for interment in a national cemetery of her choice even if that veteran is not buried or memorialized in a national cemetery. In addition, the spouse or surviving spouse of a member of the Armed Forces of the United States whose remains are unavailable for burial is also eligible for burial. The surviving spouse of an eligible veteran who had a subsequent remarriage to a non-veteran and whose death occurred on or after 1 JAN 2000, is also eligible for burial in a national cemetery, based on his or her marriage to the eligible veteran. However, a former spouse of an eligible individual whose marriage to that individual has been terminated by annulment or divorce, if not otherwise eligible, is not eligible for interment in a national cemetery. Minor children of eligible veterans are eligible. For purpose of burial in a national cemetery, a minor child is a child who is unmarried and:

- (a) Who is under 21 years of age; or
- (b) Who is under 23 years of age and pursuing a full-time course of instruction at an approved educational institution.
- (c) Of any age but became permanently physically or mentally disabled and incapable of self-support before reaching 21 years of age, or before reaching 23 years of age if pursuing a full-time course of instruction at an approved educational institution. Proper supporting documentation must be provided.

Provided certain conditions are met, a former member of the Armed Forces may be buried, if desired, in the same grave with a close relative who is already buried and is the primary eligible. [Source: www.cem.va.gov/cem/bbene/eligible.asp#remarry Jan 07 ++]

MILITARY LEGISLATION STATUS 27 FEB 07: Following is a listing of Congressional bills of interest to the military community that have been introduced in the 110th Congress. Support of these bills through cosponsorship by other legislators is critical if they are ever going to move through the legislative process for a floor vote to become law. A cosponsor is a member of Congress who has joined one or more members in his/her chamber (i.e. House or Senate) to sponsor a bill or amendment. The first member to sign onto a bill is considered the Sponsor, members subsequently signing on are Cosponsors. Any number of members may cosponsor a bill in the House or Senate. At <http://thomas.loc.gov> you can determine the current status of each bill, the committee it has been assigned to, and if your legislator is a sponsor or cosponsor of it. The key to increasing cosponsorship is letting our representatives know of veterans feelings on issues. At the end of some of the below listed bills is a web link that can be used to do that. Otherwise, you can locate on <http://thomas.loc.gov> who your representative is and his/her phone number, mailing address, or email/website to communicate with a message or letter of your own making:

H.R.0023: Belated Thank You to the Merchant Mariners of World War II Act of 2007. A bill to amend title 46, United States Code, to provide benefits to certain individuals who served in the United States merchant marine (including the Army Transport Service and the Naval Transport Service) during World War II. Sponsor: Rep Filner, Bob [CA-51] (introduced 1/4/07). Cosponsors (16).

H.R.0025: Fair Tax Act of 2007. A bill to promote freedom, fairness, and economic opportunity by repealing the income tax and other taxes, abolishing the Internal Revenue Service, and enacting a national sales tax to be administered primarily by the States. Sponsor: Rep Linder, John [GA-7] (introduced 1/4/07). Cosponsors (55)

H.R.0081: Montgomery GI Bill Act. A bill to amend title 38, United States Code, to provide that members of the Armed Forces and Selected Reserve may transfer certain educational assistance benefits to dependents, and for other purposes.

Sponsor: Rep Bartlett, Roscoe G. [MD-6] (introduced 1/4/07) Cosponsors (2).

H.R.0089: Combat-Related Special Compensation Act. A bill to amend title 10, United States Code, to extend eligibility for combat-related special compensation (CRSC) paid to certain uniformed services retirees who are retired under chapter 61 of such title with fewer than 20 years of creditable service. Sponsor: Rep Bilirakis, Gus M. [FL-9]

(introduced 1/4/07). Cosponsors (14). To support this bill and/or contact your Representative refer to <http://capwiz.com/moaa/issues/bills/?bill=9240191>.

H.R.0092: Veterans Timely Access to Health Care Act. A bill to amend title 38, United States Code, to establish standards of access (i.e. 30 days) to care for veterans seeking health care from the Department of Veterans Affairs, would allow referral to civilian care in cases where the standard is not met, would require the VA to annually report its performance in meeting those access standards, and for other purposes. Sponsor: Rep Brown-Waite, Ginny [FL-5] (introduced 1/4/07). Cosponsors (7). To support this bill and/or contact your Representative refer to

<http://capwiz.com/moaa/issues/bills/?bill=9240456>.

H.R.0109: Disabled Veteran Small Business Eligibility Expansion Act of 2007. A bill to amend the Small Business Act to make service-disabled veterans eligible under the 8(a) business development program. Sponsor: Rep Davis, Jo Ann [VA-1] (introduced 1/4/07) Cosponsors (None).

H.R.0112: G.I. Advanced Education in Science and Technology Act. A bill to amend title 38, United States Code, to provide for the payment of stipends to veterans who pursue doctoral degrees in science or technology. Sponsor: Rep Davis, Jo Ann [VA-1] (introduced 1/4/07). Cosponsors (None).

H.R.0136: Identity Theft Notification Act of 2007. A bill to amend title II of the Social Security Act to provide that individuals and appropriate authorities are notified by the Commissioner of Social Security of evidence of misuse of the Social Security account

numbers of such individuals. Sponsor: Rep Gallegly, Elton [CA-24] (introduced 1/4/07). Cosponsors (3).

H.R.0140: A bill to amend title 10, United States Code, to require the amounts reimbursed to institutional providers of health care services under the TRICARE program to be the same as amounts reimbursed under Medicare, and to require the Secretary of Defense to contract for health care services with at least one teaching hospital in urban areas. Sponsor: Rep Green, Gene [TX-29] (introduced 1/4/07). Cosponsors (None). To support this bill and/or contact your Representative refer to

[http://capwiz.com/usdr/issues/alert/?alertid=9329026&queueid=\[capwiz:queue_id\]](http://capwiz.com/usdr/issues/alert/?alertid=9329026&queueid=[capwiz:queue_id])

H.R.0156: A bill to amend title 38, United States Code, to provide for the payment of dependency and indemnity compensation (DIC) to the survivors of former prisoners of war (POWs) who died on or before 30 SEP 99, under the same eligibility conditions as apply to payment of DIC to the survivors of former prisoners of war who die after that date. Sponsor: Rep Holden, Tim [PA-17] (introduced 1/4/07). Cosponsors (15). To support this bill and/or contact your Representative refer to

<http://capwiz.com/moaa/issues/bills/?bill=9240856>

H.R.0191: Senior Citizens Tax Elimination Act. A bill to amend the Internal Revenue Code of 1986 to repeal the inclusion in gross income of Social Security benefits.

Sponsor: Rep Paul, Ron [TX-14] (introduced 1/4/07). Cosponsors (9).

H.R.0207: Depleted Uranium Screening and Testing Act. A bill to provide for identification of members of the Armed Forces exposed during military service to depleted uranium, to provide for health testing of such members, and for other purposes.

Sponsor: Rep Serrano, Jose E. [NY-16] (introduced 1/4/07). Cosponsors (13).

H.R.0243: Combat Military Medically Retired Veteran's Fairness Act. A bill to amend title 10, United States Code, to provide for the payment of Combat-Related Special Compensation (CRSC) to members of the Armed Forces retired for disability with less than 20 years of active military service who were awarded the Purple Heart. Sponsor:

Rep Weller, Jerry [IL-11] (introduced 1/5/07). Cosponsors (3).

H.R.0303: Retired Pay Restoration Act. A bill to amend title 10, United States Code, to permit certain additional retired members of the Armed Forces who have a service-connected disability to receive both disability compensation from the Department of Veterans Affairs for their disability and either retired pay by reason of their years of military service or Combat-Related Special Compensation (CRSC) and to eliminate the phase-in period under current law with respect to such concurrent receipt. Sponsor: Rep Bilirakis, Gus M. [FL-9] (introduced 1/5/07). Cosponsors (58). To support this bill and/or contact your Representative refer to <http://capwiz.com/moaa/issues/bills/?bill=9240026>

H.R.0315: HEALTHY Vets Act. A bill to amend title 38, United States Code, to require the Secretary of Veterans Affairs to enter into contracts with community health care providers to improve access to health care for veterans in highly rural areas, and for other

purposes. Sponsor: Rep Pearce, Stevan [NM-2] (introduced 1/5/07). Cosponsors (11). To support this bill and/or contact your Representative refer to

[http://capwiz.com/usdr/issues/alert/?alertid=9328981&queueid=\[capwiz:queue_id\]](http://capwiz.com/usdr/issues/alert/?alertid=9328981&queueid=[capwiz:queue_id])

H.R.0333: Disabled Veterans Tax Termination Act. A bill to amend title 10, United States Code, to permit retired members of the Armed Forces who have a service-connected disability rated less than 50% to receive concurrent payment of both retired pay and veterans' disability compensation, to eliminate the phase-in period for concurrent receipt, to extend eligibility for concurrent receipt and combat-related special compensation to chapter 61 disability retirees with less than 20 years of service, and for other purposes. Sponsor: Rep Marshall, Jim [GA-8] (introduced 1/9/07). Cosponsors (14). To support this bill and/or contact your Representative refer to

<http://capwiz.com/usdr/issues/alert/?alertid=9226426&type=ML>

H.R.0339: Veterans Outpatient Care Access Act of 2007. A bill to amend title 38, United States Code, to improve access to medical services for veterans seeking treatment at Department of Veterans Affairs outpatient clinics with exceptionally long waiting periods. Sponsor: Rep Duncan, John J., Jr. [TN-2] (introduced 1/9/07). Cosponsors (1).

H.R.0343: Military Retiree Health Care Relief Act of 2007. A bill to amend the Internal Revenue Code of 1986 to allow a refundable credit to military retirees for premiums paid for coverage under Medicare Part B. Sponsor: Rep Emerson, Jo Ann [MO-8] (introduced 1/9/07). Cosponsors (5). To support this bill and/or contact your Representative refer to

[http://capwiz.com/usdr/issues/alert/?alertid=9329391&queueid=\[capwiz:queue_id\]](http://capwiz.com/usdr/issues/alert/?alertid=9329391&queueid=[capwiz:queue_id])

H.R.0402: Veterans' Disability Compensation Automatic COLA Act. A bill to amend title 38, United States Code, to provide for annual cost-of-living adjustments (COLA) to be made automatically by law each year in the rates of disability compensation for veterans with service-connected disabilities and the rates of dependency and indemnity compensation for survivors of certain service-connected disabled veterans. Sponsor: Rep Knollenberg, Joe [MI-09] (introduced 1/11/07). Cosponsors (20). To support this bill and/or contact your Representative refer to

[http://capwiz.com/usdr/issues/alert/?alertid=9330146&queueid=\[capwiz:queue_id\]](http://capwiz.com/usdr/issues/alert/?alertid=9330146&queueid=[capwiz:queue_id]).

H.R.0447: A bill to amend title 38, United States Code, to provide that World War II merchant mariners who were awarded the Mariners Medal shall be provided eligibility for Department of Veterans Affairs health care on the same basis as veterans who have been awarded the Purple Heart. Sponsor: Rep Fortenberry, Jeff [NE-1] (introduced 1/12/07). Cosponsors (None).

H.R.0463: Honor Our Commitment to Veterans Act. A bill to amend title 38, United States Code, to terminate the administrative freeze on the enrollment into the health care system of the Department of Veterans Affairs of veterans in the lowest priority category for enrollment (referred to as "Priority 8"). Sponsor: Rep Rothman, Steven R. [NJ-09] (introduced 1/12/07). Cosponsors (31).

H.R.0551: Home Ownership for America's Veterans Act of 2007. A bill to amend the Internal Revenue Code of 1986 with respect to the eligibility of veterans for mortgage bond financing, and for other purposes. Sponsor: Rep Davis, Susan A. [CA-53] (introduced 1/18/07). Cosponsors (20).

H.R.0579: Military Retirees Health Care Protection Act. A bill to amend title 10, United States Code, to prohibit certain increases in fees for military health care. Sponsor: Rep Edwards, Chet [TX-17] (introduced 1/19/07). Cosponsors (83). To support this bill and/or contact your Representative refer to

[http://capwiz.com/usdr/issues/alert/?alertid=9284961&queueid=\[capwiz:queue_id\]](http://capwiz.com/usdr/issues/alert/?alertid=9284961&queueid=[capwiz:queue_id]) or <http://capwiz.com/trea/issues/alert/?alertid=9289751&queueid=1050771381>

H.R.0585: A bill to amend title 38, United States Code, to expand the number of individuals qualifying for retroactive benefits from traumatic injury protection coverage under Servicemembers' Group Life Insurance. Sponsor: Rep Herseth, Stephanie [SD] (introduced 1/19/07). Cosponsors (1).

H.R.0612: Returning Servicemember VA Healthcare Insurance Act of 2007. A bill to amend title 38, United States Code, to extend the period of eligibility for health care for combat service in the Persian Gulf War or future hostilities from two years to five years after discharge or release. Sponsor: Rep Filner, Bob [CA-51] (introduced 1/22/07).

Cosponsors (None).

H.R.0634: American Veterans Disabled for Life Commemorative Coin Act. A bill to authorize the secretary of the Treasury to mint commemorative silver dollars that will be sold with a surcharge that will help the American Veterans Disabled for Life Memorial Foundation raise the money needed to construct the Disabled Veterans Memorial.

Sponsor: Rep Moore, Dennis [KS-3] (introduced 1/23/07). Cosponsors (188).

H.R.0649: Blind Veterans Fairness Act. A bill to amend title XVI of the Social Security Act to provide that annuities paid by States to blind veterans shall be disregarded in determining supplemental security income (SSI) benefits. Sponsor: Rep Reynolds, Thomas M. [NY-26] (introduced 1/24/07). Cosponsors (31).

H.R.0650: A bill to provide for the Secretary of Veterans Affairs to conduct a pilot program to determine the effectiveness of contracting for the use of private memory care facilities for veterans with Alzheimer's Disease. Sponsor: Rep Reynolds, Thomas M. [NY-26] (introduced 1/24/07). Cosponsors (11).

Reynolds, Thomas M. [NY-26] (introduced 1/24/07). Cosponsors (12).

H.R.0652: A bill to make the National Parks and Federal Recreational Lands Pass available at a discount to certain veterans. Sponsor: Rep Reynolds, Thomas M. [NY-26] (introduced 1/24/07). Cosponsors (32).

H.R.0653: Combat Veteran Affidavit Act of 2007. A bill to amend title 38, United States Code, to allow the sworn affidavit of a veteran who served in combat during the

Korean War or an earlier conflict to be accepted as proof of service-connection of a disease or injury alleged to have been incurred or aggravated by such service. Sponsor: Rep Reynolds, Thomas M. [NY-26] (introduced 1/24/07). Cosponsors (9).

H.R.0657: Military Retiree Survivor Comfort Act. A bill to amend title 10, United States Code, to provide for forgiveness of certain overpayments of retired pay paid to deceased retired members of the Armed Forces following their death.

Sponsor: Rep Jones, Walter B., Jr. [NC-3] (introduced 1/24/07). Cosponsors (9). To support this bill and/or contact your Representative refer to

[http://capwiz.com/usdr/issues/alert/?alertid=9322811&queueid=\[capwiz:queue_id\]](http://capwiz.com/usdr/issues/alert/?alertid=9322811&queueid=[capwiz:queue_id]).

H.R.0675: Disabled Veterans Adaptive Housing Improvement Act. A bill to amend title 38, United States Code, to increase the amount of assistance available to disabled veterans for specially adapted housing and to provide for annual increases in such amount. Sponsor: Rep Herseth, Stephanie [SD] (introduced 1/24/07). Cosponsors (None)

H.R.0690: A bill to amend title 10, United States Code, to reduce the minimum age for receipt of military retired pay for non-regular service from 60 to 55. Sponsor: Rep Saxton, Jim [NJ-3] (introduced 1/24/07). Cosponsors (50).

H.R.0704 : A bill to amend title 38, United States Code, to reduce from age 57 to age 55 the age after which the remarriage of the surviving spouse of a deceased veteran shall not result in termination of dependency and indemnity compensation (DIC) otherwise payable to that surviving spouse.

Sponsor: Rep Bilirakis, Gus M. [FL-9] (introduced 1/29/07). Cosponsors (None).

H.R.0737: Forgotten Veteran's Retirement Compensation Act. A bill to correct an inequity in eligibility for military retired pay based on nonregular service in the case of certain members of the reserve components completing their reserve service before 1966.

Sponsor: Rep Scott, Robert C. [VA-3] (introduced 1/30/07). Cosponsors (8).

H.R.0760: Filipino Veterans Equity Act of 2007. A bill to amend title 38, United States Code, to deem certain service in the organized military forces of the Government of the Commonwealth of the Philippines and the Philippine Scouts to have been active service for purposes of benefits under programs administered by the Secretary of Veterans Affairs.

Sponsor: Rep Filner, Bob [CA-51] (introduced 1/31/07). Cosponsors (17).

H.R.0784: A bill to amend title 10, United States Code, to change the effective date for paid-up coverage under the military Survivor Benefit Plan (SBP). Sponsor: Rep Saxton, Jim [NJ-3] (introduced 1/31/07). Cosponsors (52). To support this bill and/or contact your Representative refer to

[http://capwiz.com/usdr/issues/alert/?alertid=9409496&queueid=\[capwiz:queue_id\]](http://capwiz.com/usdr/issues/alert/?alertid=9409496&queueid=[capwiz:queue_id])

H.R.0797: A bill to amend title 38, United States Code, to improve compensation benefits for veterans in certain cases of impairment of vision involving both eyes, and for

other purposes. Sponsor: Rep Baldwin, Tammy [WI-2] (introduced 2/5/07). Cosponsors (27).

H.R.0959: Forgotten Military Widows Annuity Act of 2007. A bill to expand a Department of Defense survivor annuity program (SBP) that covers unremarried surviving spouses of certain members of the uniformed services who died before October 1, 1978, to include any otherwise eligible surviving spouse who remarries after age 55 or whose remarriage before age 55 is terminated. Sponsor: Rep Saxton, Jim [NJ-3] (introduced 2/8/07). Cosponsors (none).

H.R.0991: A bill to amend the Internal Revenue Code of 1986 to allow individuals eligible for veterans health benefits to contribute to health savings accounts. Sponsor: Rep Campbell, John [CA-48] (introduced 2/12/07). Cosponsors (None)

H.R.1041: Veterans Health Care Full Funding Act. A bill to amend title 38, United States Code, to provide an enhanced funding process to ensure an adequate level of funding for veterans health care programs of the Department of Veterans Affairs, to establish standards of access to care for veterans seeking health care from the Department of Veterans Affairs, and for other purposes. Sponsor: Rep Smith, Christopher H. [NJ-4] (introduced 2/14/07). Cosponsors (4).

H.R.1086 : Strengthening America's Military Families Act of 2007. A bill to amend the Internal Revenue Code of 1986 to exclude from gross income the earned income of a spouse of a member of the Armed Forces of the United States serving in a combat zone. Sponsor: Rep Garrett, Scott [NJ-5] (introduced 2/15/07). Cosponsors (None)

H.R.1110 : A bill to amend the Internal Revenue Code of 1986 to allow Federal civilian and military retirees to pay health insurance premiums on a pretax basis and to allow a deduction for TRICARE supplemental premiums. Sponsor: Rep Davis, Tom [VA-11] (introduced 2/16/07). Cosponsors (28). To support this bill and/or contact your Representative refer to

[http://capwiz.com/usdr/issues/alert/?alertid=9408301&queueid=\[capwiz:queue_id\]](http://capwiz.com/usdr/issues/alert/?alertid=9408301&queueid=[capwiz:queue_id])

H.R.1115 : A bill to amend section 1477 of title 10, United States Code, to provide additional options regarding the designation of the person to receive the death gratuity paid with respect to a member of the Armed Forces who dies without a surviving spouse, but who is survived by a minor child. Sponsor: Rep Latham, Tom [IA-4] (introduced 2/16/07). Cosponsors (5). S 659 is Companion Bill. To support this bill and/or contact your Representative refer to

[http://capwiz.com/usdr/issues/alert/?alertid=9423396&queueid=\[capwiz:queue_id\]](http://capwiz.com/usdr/issues/alert/?alertid=9423396&queueid=[capwiz:queue_id])

S.0022: Veterans Educational Assistance Act of 2007. A bill to amend title 38, United States Code, to establish a program of educational assistance for members of the Armed Forces who serve in the Armed Forces after September 11, 2001, and for other purposes. Sponsor: Sen Webb, Jim [VA] (introduced 1/4/07). Cosponsors (5). To support this bill and/or contact your Representative refer to

<http://capwiz.com/moaa/issues/bills/?bill=9242071>

S.0057: Filipino Veterans Equity Act of 2007. A bill to amend title 38, United States Code, to deem certain service in the organized military forces of the Government of the Commonwealth of the Philippines and the Philippine Scouts to have been active service for purposes of benefits under programs administered by the Secretary of Veterans Affairs.

Sponsor: Sen Inouye, Daniel K. [HI] (introduced 1/4/07). Cosponsors (5).

S.0066: A bill to require the Secretary of the Army to determine the validity of the claims of certain Filipinos that they performed military service on behalf of the United States during World War II.

Sponsor: Sen Inouye, Daniel K. [HI] (introduced 1/4/07). Cosponsors (None).

S.0067: A bill to amend title 10, United States Code, to permit former members of the Armed Forces who have a service-connected disability rated as total to travel on military aircraft in the same manner and to the same extent as retired members of the Armed Forces are entitled to travel on such aircraft. Sponsor: Sen Inouye, Daniel K. [HI] (introduced 1/4/07). Cosponsors (2).

S.0071: A bill to amend title 10, United States Code, to authorize certain disabled former prisoners of war (POWs) to use DoD commissary and exchange stores. Sponsor: Sen Inouye, Daniel K. [HI] (introduced 1/4/07). Cosponsors (None).

S.0117: Veterans Health and Benefits Improvement Act of 2007. A bill to amend titles 10 and 38, United States Code, to improve benefits and services for members of the Armed Forces, veterans of the Global War on Terrorism (GWOT), and other veterans, to require reports on the effects of the Global War on Terrorism, and for other purposes.

Sponsor: Sen Obama, Barack [IL] (introduced 1/4/07). Cosponsors (6).

S.0207: Voluntary Support for Reservists and National Guard Members Act. A bill to amend the Internal Revenue Code of 1986 to allow taxpayers to designate part or all of any income tax refund to support reservists and National Guard members. Sponsor: Sen Coleman, Norm [MN] (introduced 1/9/07). Cosponsors (2)

S.0225: A bill to amend title 38, United States Code, to expand the number of individuals qualifying for retroactive benefits from traumatic injury protection coverage under Servicemembers' Group Life Insurance. It would expand retroactive payments of traumatic injury insurance to servicemembers injured outside a combat area between 10 OCT 01 and 1 DEC 05. Sponsor: Sen Craig, Larry E. [ID] (introduced 1/9/07).

Cosponsors (1). To support this bill and/or contact your Representative refer to

<http://capwiz.com/moaa/issues/bills/?bill=9242246>

S.0326: Disabled Veterans Tax Fairness Act of 2007. A bill to amend the Internal Revenue Code of 1986 to provide a special period of limitation when uniformed services retirement pay is reduced as result of award of disability compensation. Sponsor: Sen

Lincoln, Blanche L. [AR] (introduced 1/17/07). Cosponsors (15). To support this bill and/or contact your Representative refer to <http://capwiz.com/moaa/issues/bills/?bill=9294921>

S.0383: A bill to amend title 38, United States Code, to extend the period of eligibility for health care for combat service in the Persian Gulf War or future hostilities from two years to five years after discharge or release. Sponsor: Sen Akaka, Daniel K. [HI] (introduced 1/24/07). Cosponsors (1).

S.0415: Veterans' Memorials . Protection Act of 2007. A bill to amend the Revised Statutes of the United States to prevent the use of the legal system in a manner that among other things will stop the award of taxpayer dollars in legal fees to groups filing lawsuits against veterans' memorials and public displays of religion. Sponsor: Sen Brownback, Sam [KS] (introduced 1/29/07). Cosponsors (14).

S.0423: Veterans' Compensation Cost-of-Living Adjustment Act of 2007. A bill to increase, effective as of December 1, 2007, the rates of compensation for veterans with service-connected disabilities and the rates of dependency and indemnity compensation (DIC) for the survivors of certain disabled veterans. Sponsor: Sen Akaka, Daniel K. [HI] (introduced 1/29/07). Cosponsors (9).

[Source: <http://thomas.loc.gov> 31 Jan 07 ++]

S.0439: Retired Pay Restoration Act of 2007. A bill to amend title 10, United States Code, to permit certain retired members of the uniformed services who have a service-connected disability to receive both disability compensation from the VA for their disability and either retired pay by reason of their years of military service or Combat-Related Special Compensation. Sponsor: Sen Reid, Harry [NV] (introduced 1/31/07). Cosponsors (12).

S.479: A bill to reduce the incidence of suicide among veterans. Sponsor: Sen Harkin, Tom [IA] (introduced 2/1/07). Cosponsors (15).

S.0604: Military Retirees Health Care Protection Act. A bill to amend title 10, United States Code, to limit increases in the certain costs of health care services under the health care programs of DoD, and for other purposes. Sponsor: Sen Lautenberg, Frank R. [NJ] (introduced 2/15/07). Cosponsors (3). To support this bill and/or contact your Representative refer to

[http://capwiz.com/usdr/issues/alert/?alertid=9388371&queueid=\[capwiz:queue_id\]](http://capwiz.com/usdr/issues/alert/?alertid=9388371&queueid=[capwiz:queue_id]).

S.617: Veterans Eagle Parks Pass Act. A bill to make the National Parks and Federal Recreational Lands Pass available at a discount to certain veterans. Sponsor: Sen Smith, Gordon H. [OR] (introduced 2/15/07). Cosponsors (None)

S.643: Disabled Veterans Insurance Act of 2007. A bill to amend section 1922A of title 38, United States Code, to increase the amount of supplemental insurance available for totally disabled veterans. Sponsor: Sen Akaka, Daniel K. [HI] (introduced 2/15/07).

Cosponsors (None)

S.0644: Total Force Montgomery GI Bill. A bill to amend title 38, United States Code, to recodify as part of that title certain educational assistance programs for members of the reserve components of the Armed Forces, to improve such programs, and for other purposes. Sponsor: Sen Lincoln, Blanche L. [AR] (introduced 2/15/07). Cosponsors (7).

S.648: National Guard and Reserve Retirement Modernization Act. A bill to amend title 10, United States Code, to reduce the eligibility age for receipt of non-regular military service retired pay for members of the Ready Reserve in active federal status or on active duty for significant periods. Sponsor: Sen Chambliss, Saxby [GA] (introduced 2/15/07).

Cosponsors (None).

S.659 : A bill to amend section 1477 of title 10, United States Code, to provide for the payment of the death gratuity with respect to members of the Armed Forces without a surviving spouse who are survived by a minor child. Sponsor: Sen Hagel, Chuck [NE] (introduced 2/16/07). Cosponsors (None). HR 1115 is Companion Bill. To support this bill and/or contact your Representative refer to

[http://capwiz.com/usdr/issues/alert/?alertid=9423746&queueid=\[capwiz:queue_id\]](http://capwiz.com/usdr/issues/alert/?alertid=9423746&queueid=[capwiz:queue_id])

S.671: Filipino Veterans Family Reunification Act. A bill to exempt children of certain Filipino World War II veterans from the numerical limitations on immigrant visas.

Sponsor: Sen Akaka, Daniel K. [HI] (introduced 2/16/07). Cosponsors (5)

[Source: <http://thomas.loc.gov> 27 Feb 07 ++]

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